

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079027

FILED
Aug 27, 2007
Secretary of State

Entity Name: AN MORTGAGE CONSULTANTS, INC.

Current Principal Place of Business:

117 PHILLIPS DRIVE
SEFFNER, FL 33584

New Principal Place of Business:

30246 RED CULVER WAY
WESLEY CHAPEL, FL 33543

Current Mailing Address:

117 PHILLIPS DRIVE
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3737233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLETTI, SOLEDAD
117 PHILLIPS DRIVE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

NICOLETTI, SOLEDAD
30246 RED CULVER WAY
WESLEY CHAPEL, FL 33543 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SOLEDAD NICOLETTI

08/27/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: NICOLETTI, SOLEDAD
Address: 117 PHILLIPS DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: NICOLETTI, SOLEDAD
Address: 117 PHILLIPS DRIVE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: NICOLETTI, SOLEDAD
Address: 30246 RED CULVER WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D (X) Change () Addition
Name: NICOLETTI, SOLEDAD
Address: 30246 RED CULVER WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOLEDAD NICOLETTI

PVST

08/27/2007

Electronic Signature of Signing Officer or Director

Date