

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90020 050 ***150.00

DOCUMENT # P01000084049 1. Entity Name PRINCETON MORTGAGE, INC.					
Principal Place of Business 511 NW DOVER CT PORT SAINT LUCIE, FL 34983			Mailing Address 511 NW DOVER CT PORT SAINT LUCIE, FL 34983		
2. Principal Place of Business - No P.O. Box # 6060 NW Helmsdale		3. Mailing Address 500 Australian Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 120			
City & State Port St Lucie FL		City & State W. Palm Beach FL		4. FEI Number 65-1132859	
Zip 34983		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33401		Country USA		6. Name and Address of Current Registered Agent RHODES, PAUL 500 AUSTRALIAN AVE SO SUITE 120 WEST PALM BEACH, FL 33401	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, PAUL 500 AUSTRALIAN AVE SO STE 120 WEST PALM BEACH, FL 33401		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSON, SALLY 500 AUSTRALIAN AVE SO STE 120 WEST PALM BEACH, FL 33401		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHARTON, MARY ELLEN 511 NW DOVER CT. PORT SAINT LUCIE, FL 34983		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sally Larson</u> Sally Larson <u>4-29-08</u> <u>561-689-5400</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					