

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90418 028 \*\*\*150.00

**DOCUMENT # P01000103179**

1. Entity Name  
U.S. MORTGAGE REDUCTION, INC.



**Principal Place of Business**

4700 MILLENIA BLVD  
SUITE X 175  
SAN ANTONIO, TX 78233

ORLANDO FL 32839

**Mailing Address**

5626 RANDOLPH BLVD  
SUITE 2  
SAN ANTONIO, TX 78233

**DO NOT WRITE IN THIS SPACE**

04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0332258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent.**

KEYES, NANCY  
1282 NE BUSINESS PARK PLACE  
JENSEN BEACH, FL 34957

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GAUNTT, JENNIFER K
STREET ADDRESS	1282 NE BUSINESS PARK PLACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE	SD
NAME	KEYES, NANCY
STREET ADDRESS	1282 NE BUSINESS PARK PLACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 another like empowered.

**SIGNATURE:** *Nancy Keyes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-07 210-540-3920