
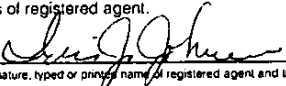



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90044 049 ***158.75

| | | | |
|--|--|---|---------------------------------|
| DOCUMENT # P02000006119 1. Entity Name CITY WIDE MORTGAGE RESOURCES, INC. | |  | |
| Principal Place of Business 629 SE Fisher Rd. Ocklawaha, FL 32179 | | Mailing Address P.O. Box 1107 Mango, FL 33550 | |
| 2. Principal Place of Business - No P.O. Box # 629 SE Fisher Rd. Suite, Apt. #, etc. Ocklawaha, FL City & State 32179 Zip Country USA | | 3. Mailing Address P.O. Box 1107 Suite, Apt. #, etc. Mango, FL City & State 33550 Zip Country USA | |
| 4. FEI Number 30-0029233 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 05242007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent JOHNSON, IRIS J 629 SE FISHER ROAD OCKLAWAHA, FL 32179 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  Iris J. Johnson 5-25-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P JOHNSON, BENJAMIN C 3905 RYALWOOD COURT VALRICO, FL 33594 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SOT JANES, ASHLEY N 3905 RYALWOOD COURT VALRICO, FL 33594 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP JOHNSON, MELISSA D 4107 FALLON COURT BRANDON, FL 33511 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 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:  Benjamin C. Johnson | | 5-25-07 352-288-1861 <small>Date Daytime Phone #</small> | |