2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023678

Entity Name: BEECHTREE MORTGAGE, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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265 MCLEOD ST 1485 N ATLANTIC AVE

MERRITT ISLAND, FL 32953 STE 111 COCOA BEACH, FL 32931

Current Mailing Address: New Mailing Address:

265 MCLEOD ST 1485 N ATLANTIC AVE

MERRITT ISLAND, FL 32953 STE 111

COCOA BEACH, FL 32931

FEI Number: 47-0850865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THAGGARD, STEPHEN
265 MCLEOD ST

THAGGARD, STEPHEN
1482 BENT PALM DR

MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32952 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: 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 THAGGARD, STEPHEN
 Name:
 THAGGARD, STEPHEN

 Address:
 265 MCLEOD ST
 Address:
 1482 BENT PALM DR

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 MERRITT ISLAND, FL 32952

Title: D () Delete Title: D (X) Change () Addition

 Name:
 THAGGARD, KAREN E
 Name:
 THAGGARD, KAREN E

 Address:
 265 MCLEOD ST
 Address:
 1482 BENT PALM DR

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 MERRITT ISLAND, FL 32952

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

 Name:
 CHRZANOWSKI, MARY
 Name:
 CHRZANOWSKI, MARY

 Address:
 265 MCLEOD ST
 Address:
 5598 RIVER OAKS DR

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 TITUSVILLE, FL 32780

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: MARY CHRZANOWSKI SECY 04/28/2008