2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 19, 2007 8:00 am Secretary of State **DOCUMENT # P02000071599** 03-19-2007 90087 043 ***150.00 NEW TAMPA MORTGAGE, INC. Principal Place of Business Mailing Address 29443 ALLEGRO DR 29443 ALLEGRO DR **WESLEY CHAPEL, FL 33543** WESLEY CHAPEL, FL 33543 CR2E034 (11/05) 02282007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 27-0019586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE READ, BARBARA A 2205 N. HERCULES AVE. % READ BOOKKEEPING & TAX SERVICE, INC. IN THIS SPACE CLEARWATER, FL 33763 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 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STANTON, DAVID D NAME 29443 ALLEGRO DR STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33543 DST STANTON, KIM E NAME STREET ADDRESS 29443 ALLEGRO DR CITY-ST-ZIP WESLEY CHAPEL, FL 33543 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

TEO NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone (