2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 03, 2008 8:00 am Secretary of State **DOCUMENT # P02000071599** 03-03-2008 90196 049 ***150.00 NEW TAMPA MORTGAGE, INC. Principal Place of Business Mailing Address 40030110 29443 ALLEGRO DR 29443 ALLEGRO DR WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 02262008 No Chg-P CR2E034 (11/05) 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 READ, BARBARA A DO NOT WRITE 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. ςÇ. (NOTE: Registered Agent signature required when remstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. STANTON, DAVID D NAME STREET ADDRESS 29443 ALLEGRO DR CITY-ST-ZIP WESLEY CHAPEL, FL 33543 NAME STANTON, KIM E STREET ADDRESS 29443 ALLEGRO DR CITY-ST-ZIP WESLEY CHAPEL, FL 33543 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP BTIF NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS

Davisme Phone #

FILED