## 2007 FOR PROFIT CORPORATION

## FILED Apr 30, 2007 08:00 . Secretary of State **ANNUAL REPORT DOCUMENT # P02000105870** 1. Entity Name DUB HOME MORTGAGE CORP. Principal Place of Business Mailing Address 1694 W BLUE HERON BLVD 1694 W BLUE HERONBLVD RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 No Chg-P CR2E034 (11/05) 04272007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0427978 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DUBIQUE, JAN** DO NOT WRITE 1694 W BLUE HERON BLVD RIVIERA BEACH, FL 33404 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 Signature: typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DUBIQUE, JAN NAME 1694 W BLUE HERON BLVD STREET ADDRESS CITY - ST-ZIP RIVIERA BEACH, FL 33404 U00000742498 TITLE 05/15/07-80072-009 150.bo DUBIQUE, ROSITA NAME STREET ADDRESS 1694 W BLUE HERON BLVD CITY ST-ZIP RIVIERA PEACH, FL 33404 THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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 of 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: IA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR