2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 12, 2007 8:00 am **Secretary of State** DOCUMENT # P03000011752 02-12-2007 90091 033 ***150.00 1. Entity Name GN MORTGAGE GROUP, INC. Principal Place of Business Mailing Address % RON D' OYLEY % RON D' OYLEY 6102 MIRAMAR PARKWAY 6102 MIRAMAR PARKWAY MIRAMAR, F; 33023 MIRAMAR, F; 33023 3. Mailing Address 1321 N.W. 196 STREET 2. Principal Place of Business - No P.O. Box # 6100 MEKAMAR Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 CR2E034 (12/06) Chg-P FLORIDA FLOKEDA MIKAMAK MLAMI, City & State City & State 4. FEI Number Applied For 02-0676790 Not Applicable Country U.S.A Country SA. 33169 \$8.75 Additional 5. Certificate of Status Desired 33023 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PONALO D'OYLEY Street Address (P.O. Box Number is Not Acceptable) D'OYLEY, RONALD L 1321 NW 196 ST MIAMI, FL 33169 1321 N.W.196 STREET CITY MIAME 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 famillar with, and accept the obligations of registered agent. 01/18/07 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVPT** ☑ Change ☐ Addition TITLE Delete TITLE RONALD -DOYCEY 1321 N.W.196 STREET MIAMI, FL. 33169 NAME D'OYLEY, RON NAME 6102 MIRAMAR PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CFTY-ST-ZIP SO ARLONIA J. DAVIS 1321 N.W. 196 STREET MLAMI, FL. 33169 SD Change ☐ Addition TITTE □ Delete TITLE DAVIS, ARLONIA J NAME NAME 6102 MIRAMAR PARKWAY STREET ADDRESS STREET ADDRESS MIRAMAR, F; 33023 CITY-ST-ZIP CITY-ST-ZIP RONALD D'OYLEY 13a1 N.W. 196 STREET TITLE ☐ Delete THLE ☐ Addition D'OYLEY, RON NAME NAME STREET ADDRESS 6102 MIRAMAR PARKWAY STREET ADDRESS MEANT, FL. 33169 CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-7IP TITI F Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 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 impowered.

MIED NAME OF SIGNING OFFICER OR DIRECTOR

FILED