

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90027 031 ***150.00

DOCUMENT # P03000029373 1. Entity Name GREAT RATE MORTGAGE, INC.					
Principal Place of Business 116 LITHIA PINECREST ROAD SUITE 200 BRANDON, FL 33511 US			Mailing Address 116 LITHIA PINECREST ROAD SUITE 200 BRANDON, FL 33511 US		
2. Principal Place of Business - No P.O. Box # 776 W. LUMSDEN Road		3. Mailing Address 776 W. Lumsden Road			
Suite, Apt. #, etc. SUITE 106		Suite, Apt. #, etc. SUITE 106		01182007 Chg-P CR2E034 (12/06)	
City & State Brandon FL		City & State Brandon FL		4. FEI Number 13-4243309	
Zip 33511		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALADINO, CHERYL 525 ROTAL WOOD COURT VALRICO, FL 33597				7. Name and Address of New Registered Agent Name CHERYL SALADINO Street Address (P.O. Box Number is Not Acceptable) 505 ROYAL WOOD COURT City VALRICO FL 33594	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALADINO, CHERYL 525 ROYAL WOOD COURT VALRICO, FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALADINO, TONY III 505 ROYAL WOOD COURT VALRICO, FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELALLY, GARY M 1302 STEEPLE HILL COURT BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHERYL SALADINO 505 ROYAL WOOD COURT VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARY M. Delally 4513 Portobello Circle VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>C Cheryl Saladino DP</u> 1/18/07 (813) 684-5222					