2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PA

SIGNATURE:

Feb 06, 2007 8:00 am Secretary of State **DOCUMENT # P03000107178** 02-06-2007 90010 030 ***158.75 CU MORTGAGE & REALTY CENTER, INC. Principal Place of Business Mailing Address 640 TUSKAWILLA POINT LANE 640 TUSKAWILLA POINT LANE 40010087 WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2494 Chantilly Terrace 2404 Chantilly Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For Oviedo, Oviedo. 57-1188175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32765 32765 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hill, Jane C. HILL, JANE C Street Address (P.O. Box Number is Not Acceptable) 640 TUSKAWILLA POINT LANE WINTER SPRINGS, FL 32708 2404 Chantilly Terrace ^{Zi}32765 Oviedo 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. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Delete TITLE TITLE X Change ■ Addition NAME HILL, JANE C NAME 2404 Chantilly Terrace 640 TUSKAWILLA POINT LANE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP WINTER SPRINGS, FL 32708 Oviedo, FL 32765 SDD TITLE ☐ Delete TITLE Change ☐ Addition NAME HILL, RAYMOND J NAME 2404 Chantilly Terrace STREET ADDRESS 640 TUSKAWILLA POINT LANE STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-7IP CITY-ST-ZIP Oviedo, FL 32765 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 eath; 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

FILED

407-977-2805