


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90010 038 \*\*\*150.00

<b>DOCUMENT # P03000112615</b>	
1. Entity Name <b>GOLD MEDAL FINANCIAL MORTGAGE INC.</b>	

Principal Place of Business <b>4620 WEST COMMERCIAL BLVD STE 1 TAMARAC, FL 33319</b>	Mailing Address <b>4620 WEST COMMERCIAL BLVD STE 1 TAMARAC, FL 33319</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05022007 Chg-P CR2E034 (12/06)

4. FEI Number <b>38-3690136</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>AYODEJI, OLUFEMI 16879 SW 16TH ST PEMBROKE PINES, FL 33027</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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.

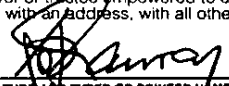
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYODEJI, FRANCES	NAME	Ayodeji Francis
STREET ADDRESS	5715 N UNIVERSITY DR	STREET ADDRESS	4620 W Commercial Blvd #1
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	TAMARAC FL 33319
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYODEJI, MURIEL	NAME	Ayodeji Muriel
STREET ADDRESS	5715 N UNIVERSITY DR	STREET ADDRESS	4620 W Commercial Blvd #1
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	TAMARAC FL 33319
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYODEJI, OLUFEMI	NAME	Ayodeji Olufemi
STREET ADDRESS	5715 N UNIVERSITY DR	STREET ADDRESS	4620 W Commercial Blvd #1
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	TAMARAC FL 33319
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYODEJI, FOLAKE	NAME	Ayodeji Folake
STREET ADDRESS	5715 N UNIVERSITY DR	STREET ADDRESS	4620 W Commercial Blvd #1
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	TAMARAC FL 33319
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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:**  **5/1/07 9547302221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #