

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035332

FILED
Mar 30, 2007
Secretary of State

Entity Name: PLATINUM MORTGAGE SOURCE, INC.

Current Principal Place of Business:

P.O.BOX 551466
JACKSONVILLE, FL 32255

New Principal Place of Business:

13046 TWIN PINES CIRCLE S
JACKSONVILLE, FL 32246

Current Mailing Address:

P.O.BOX 551466
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 20-0963680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODS, WILLA D
P.O. BOX 551466
JACKSONVILLE, FL 32255 US

Name and Address of New Registered Agent:

WOODS, WILLA D
300 NW 11TH STREET #26
JACKSONVILLE, FL 33430 US

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.

SIGNATURE:

03/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODS, EARNEST
Address: P.O. BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: VPD () Delete
Name: STRACHAN, CASSANDRA L
Address: P.O. BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: MGR () Delete
Name: WOODS, CEDRIC D
Address: P.O. BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WOODS, CEDRIC D
Address: P.O. BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: SEC (X) Change () Addition
Name: WOODS, WILLA D
Address: P.O. BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: COO () Change (X) Addition
Name: STRACHAN, CASSANDRA L
Address: P.O. BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CEDRIC D WOODS

VPD

03/30/2007

Electronic Signature of Signing Officer or Director

Date