



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000061626</b> 1. Entity Name COMMERCIAL MORTGAGE ASSOCIATES, INC.	
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Principal Place of Business 14207 OAK VALLEY DRIVE ORLANDO, FL 32826	Mailing Address 14207 OAK VALLEY DRIVE ORLANDO, FL 32826
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<b>DO NOT WRITE IN THIS SPACE</b>
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03202007 No Chg-P	CR2E034 (11/05)
4. FEI Number 86-1102622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BURSEY, DAVID N 14207 OAK VALLEY DRIVE ORLANDO, FL 32826
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURSEY, DAVID N 14207 OAK VALLEY DRIVE ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURSEY, DAVID N 14207 OAK VALLEY DRIVE ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BURSEY, DAVID N 14207 OAK VALLEY DRIVE ORLANDO, FL 32826
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000693465 04/16/07-80040-023 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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>David Bursey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>	<u>4/3/07 - 407-277-4670</u> <small>Date Daytime Phone #</small>