


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P04000061626
 1. Entity Name
 COMMERCIAL MORTGAGE ASSOCIATES, INC.



Principal Place of Business Mailing Address
 14207 OAK VALLEY DRIVE 14207 OAK VALLEY DRIVE
 ORLANDO, FL 32826 ORLANDO, FL 32826

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 86-1102622 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BURSEY, DAVID N
 14207 OAK VALLEY DRIVE
 ORLANDO, FL 32826

DO NOT WRITE IN THIS SPACE

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:

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000857266
 03/31/08-80007-002 150.00

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	

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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: *David Bursey VP*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 407-377-4670
 Date Daytime Phone #