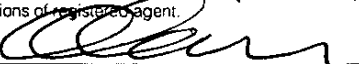


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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| DOCUMENT # P04000064260 1. Entity Name RPM MORTGAGE SERVICES INC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2152 PORTOFINO PLACE 2910 PALM HARBOR, FL 34683 | | | | Mailing Address 2152 PORTOFINO PLACE 2910 PALM HARBOR, FL 34683 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 13230 Thoroughbred Loop Suite, Apt. #, etc. | | 3. Mailing Address 13230 Thoroughbred Loop Suite, Apt. #, etc. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State LARGO, FLORIDA | | City & State LARGO, FLORIDA | | 4. FEI Number 20-1014490 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33773 | | Country Pinellas | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ERICKSON, CYNTHIA 2152 PORTOFINO PLACE 2910 PALM HARBOR, FL 34683 | | | | 7. Name and Address of New Registered Agent Name CYNTHIA ERICKSON Street Address (P.O. Box Number is Not Acceptable) 13230 Thoroughbred Loop City LARGO FL 33773 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  DATE 4-29-2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ERICKSON, CYNTHIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2152 PORTOFINO PLACE #2910</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM HARBOR, FL 34683</td> <td></td> </tr> </table> | | | TITLE | PSTD | <input type="checkbox"/> Delete | NAME | ERICKSON, CYNTHIA | | STREET ADDRESS | 2152 PORTOFINO PLACE #2910 | | CITY-ST-ZIP | PALM HARBOR, FL 34683 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13230 Thoroughbred Loop</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33773</td> <td></td> </tr> </table> | | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | 13230 Thoroughbred Loop | | CITY-ST-ZIP | LARGO, FL 33773 | |
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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: 

4-29-08 722-453-2512