2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088008

FILED Mar 10, 2008 Secretary of State

Entity Name: AMERICA'S REVERSE MORTGAGE COMPANY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
60 NW 1 MAMI, FL	16TH STREET 33168 US	•		
Current Mailing Address:		New Mailing Address:		
60 NW 1 //IAMI, FL	16TH STREET 33168 US			
El Number	: 20-1212669	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
60 NW 1	ELSON A 16TH STREET 33168 US			
/II/AIVII, I L				
he above	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	e of Florida. RE:	submits this statement for the paid		ed office or registered agent, or both, Date
The above on the State	e of Florida. RE: Electror			
The above the State SIGNATUI	e of Florida. RE: Electror	nic Signature of Registered Agr	ent	
The above the State SIGNATUI	e of Florida. RE: Electror mpaign Financing S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete DN A I STREET	ent	Date
The above the State of the Stat	e of Florida. RE: Electror mpaign Financing S AND DIREC DPT () LOCKE, NELSG 660 NW 116TH MIAMI, FL 331	nic Signature of Registered Agr g Trust Fund Contribution (). TORS:) Delete DN A 1 STREET 68 US) Delete LES WENUE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: NELSON A. LOCKE DPT 03/10/2008