2007 FOR PROFIT CORPORATION

Apr 23, 2007 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P04000118366** 1. Entity Name A + MORTGAGE SOLUTION, CORP Principal Place of Business Mailing Address 4303 NW 7 ST 701 E OKEECHOBEE RD MIAMI, FL 33010 MIAMI, FL 33126 No Chg-P CR2E034 (11/05) 04162007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4286052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, WILMER DO NOT WRITE 626 NW 128 PLACE MIAMI, FL 33182 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) \$5.00 May Bo 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. IIILÉ GARCIA, WILMER NAME 626 NW 128 PLACE STREET ADDRESS CITY ST-ZIP MIAMI, FL 33182 THEE NAME STREET ADDRESS CHY \$1-2tP BILE - NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE THE NAME STREET ADDRESS CHY SI-ZIP THEE NAMI STREET ADDRESS U00000721870 05/02/07-80009-006 150.0G CITY ST-ZIP

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 divided impowered 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 or an attachment with an address, with all other like empowered.

WILHER

NAME STREET ADDRESS CHY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARCIA.

Daytime Phone #

FILED