

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012321

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: SNOWBIRD MORTGAGE, INC.

## Current Principal Place of Business:

102 COLUMBIA DR #108  
CAPE CANAVERAL, FL 32920

## New Principal Place of Business:

1605 PHYLLIS DRIVE  
MERRITT ISLAND, FL 32952

## Current Mailing Address:

102 COLUMBIA DR #108  
CAPE CANAVERAL, FL 32920

## New Mailing Address:

1605 PHYLLIS DRIVE  
MERRITT ISLAND, FL 32952

FEI Number: 27-0113460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, ROBERT A  
102 COLUMBIA DR #108  
CAPE CANAVERAL, FL 32920 US

## Name and Address of New Registered Agent:

WILLIAMS, ROBERT A  
1605 PHYLLIS DRIVE  
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/02/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: WILLIAMS, ROBERT A  
Address: 1605 PHYLLIS DR  
City-St-Zip: MERRITT ISLAND, FL 32952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT A. WILLIAMS

PRES

04/02/2008

Electronic Signature of Signing Officer or Director

Date