2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# P05000019377

Entity Name: ALLIANCE CAPITAL MORTGAGE, INC.

Current Principal Place of Business:

9735 ST. AUGUSTINE ROAD
SUITE 11
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

8826 GOODBY'S EXECUTIVE DRIVE
JACKSONVILLE, FL 32217 US

Current Mailing Address:

9735 ST. AUGUSTINE ROAD
SUITE 11
JACKSONVILLE, FL 32257 US

New Mailing Address:

PO BOX 24786
JACKSONVILLE, FL 32241-478 US

FEI Number: 34-2041097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLAND, EVERETT N
1215 SPRING BRANCH ROAD
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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 Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALMEIDA, EDUARDO
Address: 9735 ST AUGUSTINE RD, SUITE 11
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP ( ) Delete
Name: HOLLAND, EVERETT N
Address: 1215 SPRING BRANCH RD.
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: SEC ( ) Delete
Name: HOLLAND, PEGGY R
Address: 1215 SPRING BRANCH RD.
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALMEIDA, EDUARDO
Address: 8826 GOODBY'S EXECUTIVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: O/D (X) Change ( ) Addition
Name: HOFFMAN, PATTY M
Address: 8826 GOODBY'S EXECUTIVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: \ (X) 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: PATTY M. HOFFMAN O/D 05/02/2007

Electronic Signature of Signing Officer or Director Date