

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030099

FILED
Jan 05, 2007
Secretary of State

Entity Name: FAMILY MORTGAGE INVESTMENTS, INC.

Current Principal Place of Business:

380 SSR 434
SUITE 1004 BOX 311
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

380 SOUTH S.R. 434
SUITE 1004 BOX 311
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

380 SSR 434
SUITE 1004 BOX 311
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

380 SOUTH S.R. 434
SUITE 1004 BOX 311
ALTAMONTE SPRINGS, FL 32714

FEI Number: 47-0960545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPCRAFT, GREG
380 SSR 434
SUITE 1004
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HOPCRAFT, GREG
Address: 380 SSR 434 STE 1004 BOX 311
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: HOPCRAFT, THERESA
Address: 380 SSR 434 STE 1004 BOX 311
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: HOPCRAFT, CINDY
Address: 380 SSR 434 STE 1004 BOX 311
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GREG HOPCRAFT

PRES

01/05/2007

Electronic Signature of Signing Officer or Director

Date