



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000033085 1. Entity Name ACCOUNTING FOR YOUR MORTGAGE, INC.	
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Principal Place of Business 160 S. UNIVERSITY DRIVE SUITE E PLANTATION, FL 33324	Mailing Address 160 S. UNIVERSITY DRIVE SUITE E PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



05212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2428147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOODY, JENNIFER A
11451 NW 37 ST
SUNRISE, FL 33323**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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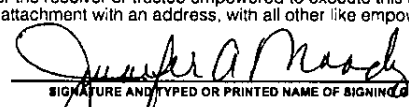
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOODY, JENNIFER A 8429 FOREST HILLS DRIVE #304 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOODY, MARGARET A 13700 ROANOKE STREET DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOODY, MARGARET A 13700 ROANOKE STREET DAVIE, FL 33325
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06/04/08-80062-015 150.00

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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 trustee empowered 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/21/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #