

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000048352

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Entity Name:** GE MORTGAGE GROUP, INC.

**Current Principal Place of Business:**

4461 PINE RIDGE ROAD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

4500 EXECUTIVE DR SUIT 200  
NAPLES, FL 34109 US

**Current Mailing Address:**

4461 PINE RIDGE ROAD  
NAPLES, FL 34109 US

**New Mailing Address:**

4500 EXECUTIVE DR SUIT 200  
NAPLES, FL 34109 US

**FEI Number:** 14-1926531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELSAID, KAREN  
4461 PINE RIDGE ROAD  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

ELSAID, KAREN  
4500 EXECUTIVE DR SUIT 200  
NAPLES, FL 34119 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: GOMAA ELSAID

10/09/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ELSAID, GOMAA  
Address: 4461 PINE RIDGE ROAD  
City-St-Zip: NAPLES, FL 34109 US

Title: D ( ) Delete  
Name: ELSAID, KAREN  
Address: 4461 PINE RIDGE ROAD  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ELSAID, GOMAA  
Address: 4500 EXECUTIVE DR SUIT 200  
City-St-Zip: NAPLES, FL 34109 US

Title: D (X) Change ( ) Addition  
Name: ELSAID, KAREN  
Address: 4500 EXECUTIVE DR SUIT 200  
City-St-Zip: NAPLES, FL 34119

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: GOMAA ELSAID

PRS

10/09/2007

Electronic Signature of Signing Officer or Director

Date