2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# P05000062140

Entity Name: ASSURED MORTGAGES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

540 E HORATIO AVE
STE 200
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

540 E HORATIO AVE
STE 200
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 20-2826588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZINNO, JASON
540 E HORATIO AVE
STE 200
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

BOUDREAUX, KEVIN
540 E HORATIO AVE
STE 200
MAITLAND, FL 32751 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: KEVIN BOUDREAUX 03/29/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZINNO, JASON J
Address: 540 E HORATIO, STE 100
City-St-Zip: MAITLAND, FL 32708 US

Title: VP ( ) Delete
Name: BOUDREAUZ, KEVIN
Address: 336 PRICETON ST, UNIT B
City-St-Zip: ORLANDO, FL 32804 US

Title: VP ( ) Delete
Name: DEHOOP, BRENT
Address: 400 AVILA CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: ZINNO, JASON J
Address: 540 E HORATIO, STE 100
City-St-Zip: MAITLAND, FL 32708 US

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: JASON ZINNO P 03/29/2007
Electronic Signature of Signing Officer or Director Date