


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000064616</b>	
1. Entity Name <b>ABSOLUTE MORTGAGE OF CENTRAL FLORIDA, INC.</b>	

Principal Place of Business <b>9741 S. ORANGE BLOSSOM TRAIL SUITE 9 ORLANDO, FL 32837</b>	Mailing Address <b>9741 S. ORANGE BLOSSOM TRAIL SUITE 9 ORLANDO, FL 32837</b>
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

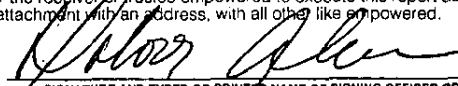
4. FEI Number <b>20-2864324</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ABRAHAM, DOLORES 11706 CRANBOURNE DRIVE ORLANDO, FL 32837</b>	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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		U00000840806 03/07/08-80007-016 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAHAM, DOLORES 9741 SOUTH ORANGE BLOSSOM TR ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAHAM, SALISHA 9741 SOUTH ORANGE BLOSSOM TR ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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