2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# P05000067054

Entity Name: 1ST CHOICE MORTGAGE GROUP, INC.

Current Principal Place of Business:

3535 HIGHWAY 17
SUITE 5
ORANGE PARK, FL 32003 US

New Principal Place of Business:

3509 HIGHWAY 17
A
ORANGE PARK, FL 32003 US

Current Mailing Address:

3535 HIGHWAY 17
SUITE 5
ORANGE PARK, FL 32003 US

New Mailing Address:

3509 HIGHWAY 17
A
ORANGE PARK, FL 32003 US

FEI Number: 20-2810718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARKSON, CASSIE R
3535 HIGHWAY17
SUITE 5
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

CLARKSON, CASSIE R
3509 HIGHWAY 17
A
ORANGE PARK, FL 32003 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: 01/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GULLETT, CONSTANCE F
Address: 3535 HIGHWAY 17, SUITE 5
City-St-Zip: ORANGE PARK, FL 32003 US

Title: VP/S ( ) Delete
Name: CLARKSON, JASON S
Address: 3535 HIGHWAY 17, SUITE 5
City-St-Zip: ORANGE PARK, FL 32003 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GULLETT, CONSTANCE F
Address: 3509 HIGHWAY 17, SUITE A
City-St-Zip: ORANGE PARK, FL 32003 US

Title: VP/S (X) Change ( ) Addition
Name: CLARKSON, JASON S
Address: 3509 HIGHWAY 17, SUITE A
City-St-Zip: ORANGE PARK, FL 32003 US

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: JASON S. CLARKSON VP/S 01/29/2008
Electronic Signature of Signing Officer or Director — Date