2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P05000124447

Entity Name: ABWIN MORTGAGE CORPORATION

Current Principal Place of Business:

11 RACETRACK ROAD NE
BUILDING F
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

11 RACETRACK ROAD NE
SUITE A
FT. WALTON BEACH, FL 32547

Current Mailing Address:

11 RACETRACK ROAD NE
BUILDING F
FT. WALTON BEACH, FL 32547

New Mailing Address:

11 RACETRACK ROAD NE
SUITE A
FT. WALTON BEACH, FL 32547

FEI Number: 20-3450673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCER, LISA JO
1104 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWN, ROBERT L
Address: 800 CHOCTAW LANE
City-St-Zip: SHALIMAR, FL 32579

Title: S ( ) Delete
Name: LAWRENCE, KAREN E
Address: 4570 SCARLET DRIVE
City-St-Zip: CRESTVIEW, FL 32539 US

Title: V ( ) Delete
Name: KELLEY, EDWARD L JR
Address: 861 MACK BAYOU RD
City-St-Zip: SANTA ROSA BCH, FL 32459 US

Title: V ( ) Delete
Name: TANO, MICHAEL N
Address: 2409 JUNEAU LN
City-St-Zip: NAVARRE, FL 32566 US

Title: V ( ) Delete
Name: BRIDGET, BROWN A
Address: 232 ROSE MARIE LN, SW
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: V ( ) Delete
Name: SAUNDERS, MIA M
Address: 419 CHRISTOPHER DR
City-St-Zip: CRESTVIEW, FL 32536 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: LAWRENCE, KAREN E
Address: 4570 SCARLET DRIVE
City-St-Zip: CRESTVIEW, FL 32539 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SAUNDERS, MIA M
Address: 419 CHRISTOPHER DR
City-St-Zip: CRESTVIEW, FL 32536 US

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: KAREN LAWRENCE V 04/11/2007

Electronic Signature of Signing Officer or Director — Date