
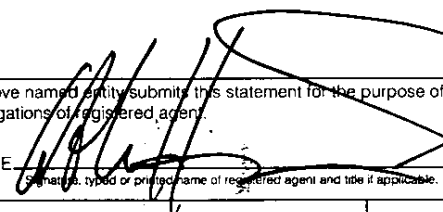
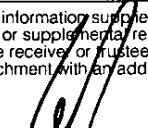


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90441 042 ***158.75

DOCUMENT # P05000127693 1. Entity Name REAL MORTGAGE SYSTEMS, INC.					
Principal Place of Business 10321 FORTUNE PARKWAY SUITE 201 JACKSONVILLE, FL 32256			Mailing Address 10321 FORTUNE PARKWAY SUITE 201 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2143276	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 200 N LAURA ST STE 800 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Milam Howard Nicandri Dees & Gillam, PA Street Address (P.O. Box Number is Not Acceptable) 14 East Bay St City Jacksonville FL 32202		
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  G. Alan Howard, President 4-16-07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEADOW, WILLIAM D 7950 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHMENT 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENT, DAVID R 107 CHICKERING PKWY ROSWELL, GA 30075	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  G. Alan Howard <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

ATTACHMENT

40090683

#P05000127693

11. Additions/Changes to Officers & Directors	
Title	Chairman/Director
Name	Meadow, William D.
Street Address	7950 James Island Trail
City-State-Zip	Jacksonville, FL 32256
Title	President/Director
Name	Dent, David R.
Street Address	107 Chickering Parkway
City-State-Zip	Roswell, GA 30075
Title	Director
Name	Dunkley, Barry
Street Address	5090 Bentgrass Circle
City-State-Zip	Ponte Vedra Beach, FL 32082
Title	Director
Name	Stetzer, Richard K.
Street Address	550 Bircham Way
City-State-Zip	Roswell, GA 30075
Title	Officer
Name	Thorpe, Kim D.
Street Address	8282 Riding Club Road
City-State-Zip	Jacksonville, FL 32256
Title	Officer
Name	Albers, David M.
Street Address	12476 Highview Drive
City-State-Zip	Jacksonville, FL 32225
Title	Officer
Name	Todd, Chad E.
Street Address	450 La Travesia Flora, # 203
City-State-Zip	St. Augustine, FL 32095
Title	Officer
Name	Weisberger, Andrea
Street Address	4544 Rosewood Avenue
City-State-Zip	Jacksonville, FL 32207