2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137379

Title:

Name:

Address:

City-St-Zip:

() Delete

WRIGHT, MAMIE

4707 BLOOD HOUND ST.

ORLANDO, FL 32818

FILED Jul 26, 2007 Secretary of State

| Entity Na | me: POWER | FROOP MORTGAGE CORP. | | | | | |
|---|--|--|--------------|--|---|----------------------------|-------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 11163 LEDGEMENT LANE WIDERMERE, FL 34786 | | | | 11163 LEDGEMENT LANE WINDERMERE, FL 34786 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 11163 LEDGEMENT LANE WIDERMERE, FL 34786 | | | | 11163 LEDGEMENT LANE WINDERMERE, FL 34786 | | | |
| FEI Number | : 35-2263119 | FEI Number Applied For () | FEI Nun | nber Not Appl | licable () | Certificate of Status Desi | red (X) |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| | STERED AGE ERRY ROAD FL 32351 U | NT INC. | | | | | |
| | e named entity : e of Florida. | submits this statement for the p | ourpose o | f changing i | ts registered | office or registered agen | t, or both, |
| SIGNATUI | RE: | | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | ot receive t | he prior notic | e. | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P () POWERY, CHA 11163 LEDGER WIDERMERE, | MENT LANE | | Title: Name: Address: City-St-Zip: | P (POWERY, CH 11163 LEDGE WINDERMER | EMENT LANE | |
| Title: Name: Address: City-St-Zip: | ` ' | | | Title: Name: Address: City-St-Zip: | WRIGHT POV 11163 LEDGE WINDERMER | E, FL 34786 | |
| Title: Name: Address: City-St-Zin: | S () POWERY, TON 11163 LEDGEN | MENT LANE | | Title: Name: Address: | S (POWERY, TO 11163 LEDGE | EMENT LANE | |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES F. POWERY Ρ 07/26/2007

() Change () Addition