


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000149471 1. Entity Name COMPETITIVE HOME MORTGAGE OF FLORIDA, INC.	
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Principal Place of Business 23811 CHAGRIN BLVD #LL72 BEACHWOOD, OH 44122	Mailing Address 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3767151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES, INC.
46 N WASHINGTON BLVD #1
SARASOTA, FL 34236

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RITT, FREDRICK J 23811 CHAGRIN BLVD. #LL72 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KLESS, DAVID L 23811 CHAGRIN BLVD. #LL72 BEACHWOOD, OH 44122
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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: *Fredrick J. Ritt* 4/26/2007 216-514-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #