2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000159323

1. Entity Name
REVERSE MORTGAGE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
771 S.W. 158TH LANE SUNRISE, FL 33326	771 S.W. 158TH LANE SUNRISE, FL 33326

DO NOT WRITE IN THIS SPACE

04202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3894171	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, SHERYL B
771 SW 158TH LN
SUNRISE, FL 33326

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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_____

Signature, typed or printed name of registered agent and title if applicable   (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	000000721550 05/01/07-80148-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRAMS, SHERYL B
STREET ADDRESS	771 S.W. 158TH LANE
CITY-ST-ZIP	SUNRISE, FL 33326

TITLE	
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CITY-ST-ZIP	

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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: _Sheryl B. Abrams_ 4/20/07 954-888-9116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #