2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# P05000163234

Entity Name: SOUTH FLORIDA MORTGAGE & FINANCE, CORP

Current Principal Place of Business:

500 NORTH EAST SPANISH RIVER BLVD,
#10-B
BOCA RATON, FL 33431

New Principal Place of Business:

10191 WEST SAMPLE ROAD
STE 211
CORAL SPRINGS, FL 33065

Current Mailing Address:

500 NORTH EAST SPANISH RIVER BLVD,
#10-B
BOCA RATON, FL 33431

New Mailing Address:

10191 WEST SAMPLE ROAD
STE 211
CORAL SPRINGS, FL 33065

FEI Number: 51-0568447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLINICK, SHAWN K
500 NORTH EAST SPANISH RIVER BLVD,
#10-B
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

OLINICK, SHAWN K
10191 WEST SAMPLE ROAD
STE 211
CORAL SPRINGS, FL 33065 US

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: 04/10/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,S, ( ) Delete
Name: SHAWN OLINICK,
Address: 9073 NORTHWEST 53RD STREET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP (X) Delete
Name: GRAF, GREGORY
Address: 6483 SAND HILL CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: SHAWN OLINICK,
Address: 10191 WEST SAMPLE ROAD STE 211
City-St-Zip: CORAL SPRINGS, FL 33065

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

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.

SIGNATURE: SHAWN OLINICK PVST 04/10/2008
Electronic Signature of Signing Officer or Director — Date