

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 27, 2007 8:00 am
Secretary of State

02-05-2007 90078 030 ***158.75

DOCUMENT # P06000012371 1. Entity Name EXPRESS MORTGAGE CENTER CORP.					
Principal Place of Business 17 OLD KINGS RD NORTH SUITE J PALM COAST, FL 32137			Mailing Address 17 OLD KINGS RD NORTH SUITE J PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 83-0446382 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVA, SILVIA 1020 N BEACH ST ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 date if applicable (NOTE: Registered Agent signature required when reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVA, SILVIA 1020 N BEACH ST ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Silvia Oliva / Silvia Oliva</u> SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR			<u>01/15/07 (386) 846-9976</u> Date Daytime Phone #		

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