

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029413

Entity Name: LMI MORTGAGE, INC.

FILED  
Jan 17, 2008  
Secretary of State

## Current Principal Place of Business:

1375 STATE ROAD 436  
CASSELBERRY, FL 32707

## New Principal Place of Business:

1375 STATE ROAD 436  
1035  
CASSELBERRY, FL 32707

## Current Mailing Address:

1375 STATE ROAD 436  
CASSELBERRY, FL 32707

## New Mailing Address:

1375 STATE ROAD 436  
1035  
CASSELBERRY, FL 32707

FEI Number: 20-4401927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POWALISZ, LARRY  
1375 STATE ROAD 436  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

TEMPLIN, CARIDAD C  
4104 CORALBROOKE GROVE  
ORLANDO, FL 32826 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: CARIDAD TEMPLIN

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: POWALISZ, LARRY  
Address: 1375 STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TEMPLIN, CARIDAD C  
Address: 1375 STATE ROAD 436 #1035  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Change (X) Addition  
Name: POWALISZ, LARRY  
Address: 1375 STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL 32707

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: CARIDAD C TEMPLIN

P

01/17/2008

Electronic Signature of Signing Officer or Director

Date