

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056639

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: ALPHA ALPHA MORTGAGE, INC

## Current Principal Place of Business:

454 MALLARD CREEK RD.  
LOUISVILLE, KY 40207 US

## New Principal Place of Business:

140 SW 62ND STREET  
SUITE 659  
GAINESVILLE, FL 32607 US

## Current Mailing Address:

454 MALLARD CREEK RD.  
LOUISVILLE, KY 40207 US

## New Mailing Address:

140 SW 62ND STREET  
SUITE 659  
GAINESVILLE, FL 32607 US

FEI Number: 84-1707875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOPEZ, ARTURO  
1015 NW 21 AVE  
SUITE # 550  
GAINESVILLE, FL 32609 US

## Name and Address of New Registered Agent:

LOPEZ, ARTURO  
140 SW 62ND STREET  
SUITE 659  
GAINESVILLE, FL 32607 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: ARTURO LOPEZ

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOPEZ, ARTURO  
Address: 454 MALLARD CREEK RD.  
City-St-Zip: LOUISVILLE, KY 40207 US

Title: VP (X) Delete  
Name: LOPEZ, ARTURO JR.  
Address: 1015 NW 21 AVE # 550  
City-St-Zip: GAINESVILLE, FL 32609 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOPEZ, ARTURO  
Address: 140 SW 62ND STREET SUITE 659  
City-St-Zip: GAINESVILLE, FL 32607 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTURO LOPEZ

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date