

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061178

FILED
Apr 20, 2007
Secretary of State

Entity Name: FAMILY MORTGAGE CENTERS OF AMERICA, INC.

Current Principal Place of Business:

6405 DOCKSIDE CIRCLE
GREENACRES, FL 33463

New Principal Place of Business:

8461 LAKE WORTH RD
SUITE 170
LAKE WORTH, FL 33467

Current Mailing Address:

6405 DOCKSIDE CIRCLE
GREENACRES, FL 33463

New Mailing Address:

8461 LAKE WORTH RD.
SUITE 170
LAKE WORTH, FL 33467

FEI Number: 57-1235399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, MOLLIE
6405 DOCKSIDE CIRCLE
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVP () Delete
Name: LAMB, MOLLIE
Address: 6405 DOCKSIDE CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: ST () Delete
Name: LAMB, MOLLIE
Address: 6405 DOCKSIDE CIRCLE
City-St-Zip: GREENACRES, FL 33463

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LAMB, MOLLIE
Address: 6405 DOCKSIDE CIRCLE
City-St-Zip: GREENACRES, FL 33463

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

Title: VP () Change (X) Addition
Name: NEWSOME, JEFFREY
Address: 8461 LAKE WORTH RD., SUITE 170
City-St-Zip: LAKE WORTH, FL 33467

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: MOLLIE LAMB

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date