2007 FOR PROFIT CORPORATION

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

May 01, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000085853 05-01-2007 90029 023 ***150.00 1. Entity Name ALL PRO MORTGAGE FUNDING, INC. Principal Place of Business Mailing Address 40000304 11832 NW 11 COURT 11832 NW 11 COURT CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022007 CR2E034 (12/06) Cha-P City & State Applied For City & State 4. FEI Number 20-5184479 Not Applicable Zip Zip Country : Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEJIA, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 11832 NW 11 COURT CORAL SPRINGS, FL 33071 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$550.00 Added to Fees Trust Fund Contribution. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE P. D Delete TITLE ☐ Change ☐ Addition MEJIA, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 11832 NW 11 COURT CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

FILED

☐ Change

Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

Delete

SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	