

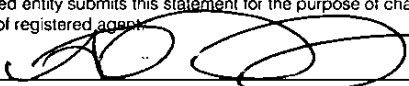
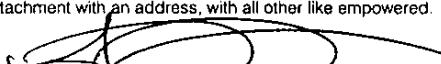


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90001 048 ***158.75

DOCUMENT # P06000088702					
1. Entity Name GREAT NATION MORTGAGE, INC					
Principal Place of Business 1175 NE 125TH STREET STE 616 N. MIAMI, FL 33161			Mailing Address 1175 NE 125TH STREET STE 616 N. MIAMI, FL 33161		
2. Principal Place of Business - No P.O. Box # 7764 NW 10th Avenue		3. Mailing Address 7764 NW 10th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07232007 Chg-P CR2E034 (12/06)	
City & State Miami, FLORIDA		City & State Miami, FL 33150		4. FEI Number 16-1769103	
Zip 33150		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, AVADEL 1175 NE 125TH STREET STE 616 N. MIAMI, FL 33161			7. Name and Address of New Registered Agent Name: AVADEL Johnson Street Address (P.O. Box Number is Not Acceptable): 7764 NW 10th Avenue City: MIAMI FL Zip Code: 33150		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPST	NAME JOHNSON, AVADEL		<input checked="" type="checkbox"/> Delete		TITLE DPST Johnson, Avadel 7764 NW 10th Avenue MIAMI, FL 33150
STREET ADDRESS 1175 NE 125TH STREET STE 616	CITY-ST-ZIP N. MIAMI, FL 33161		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  AVADEL Johnson 9/9/07 (905) 544-5255					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					