

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098558

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: DOWN PAYMENT HELPERS INC.

## Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR  
SUNRISE, FL 33323

## New Principal Place of Business:

33 SOUTH STATE RD 7  
PLANTATION, FL 33317

## Current Mailing Address:

7325 NW 83RD AVE  
TAMARAC, FL 33321

## New Mailing Address:

33 SOUTH STATE RD 7  
PLANTATION, FL 33317

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, A  
7325 NW 83RD AVE  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

HOILETT, T  
33 SOUTH STATE RD 7  
PLANTATION, FL 33317 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: T. HOILETT

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MURPHY, C  
Address: 1560 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 FL

Title: VP ( ) Delete  
Name: MURPHY, S  
Address: 1560 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 FL

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SOUTAR, MARK  
Address: 33 SOUTH STATE RD 7  
City-St-Zip: PLANTATION, FL 33317 FL

Title: VP (X) Change ( ) Addition  
Name: HOILETT, T  
Address: 1560 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 US

Title: S ( ) Change (X) Addition  
Name: MURPHY, G  
Address: 1560 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323 US

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: M. SOUTAR

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date