
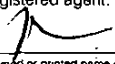



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90184 015 ***150.00

DOCUMENT # P06000106268 1. Entity Name OPTIMUM MORTGAGE CORPORATION					
Principal Place of Business 1701 W HILLSBORO BLVD 403 DEERFIELD BEACH, FL 33442			Mailing Address 1701 W HILLSBORO BLVD 403 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # 2983 N. Powerline Rd Suite, Apt. #, etc.		3. Mailing Address 2983 N. Powerline Rd Suite, Apt. #, etc.			
City & State Pompano Beach FL Zip 33069		City & State Pompano Beach FL Zip 33069		4. FEI Number 20-5286130	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAINES, HOWARD S ESQ. 1701 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name Howard S. Gaines Street Address (P.O. Box Number is Not Acceptable) 2983 N. Powerline Rd City Pompano Beach FL Zip Code 33069	
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  Howard S. Gaines DATE 4/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MCKINNEY, CHARLOTTE STREET ADDRESS 170 W HILLSBORO BLVD #403 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete		TITLE P NAME Howard S. Gaines STREET ADDRESS 2983 N. Powerline Rd CITY-ST-ZIP Pompano Beach, FL 33069	<input checked="" 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		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	
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:  Howard S. Gaines DATE 4/15/08 DAYTIME PHONE # 954 439-6644 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					