

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90065 033 \*\*\*150.00

<b>DOCUMENT # P06000109930</b> 1. Entity Name <b>NATIONWIDE MORTGAGE &amp; REALTY, INC.</b>					
Principal Place of Business <b>2824 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b> <b>2824 Alcazar Dr</b>			Mailing Address <b>2824 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b> <b>2824 Alcazar Dr</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>MIRAMAR, FL</b>		3. Mailing Address <b>MIRAMAR, FL</b> Suite, Apt. #, etc.			
City & State <b>33023 USA</b>		City & State <b>33023 USA</b>		4. FEI Number <b>20-5449393</b>	
Zip <b>33023</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HUTTOE, DAWN D</b> <b>2824 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b>			7. Name and Address of New Registered Agent Name <b>Abraham Kuruvilla</b> Street Address (P.O. Box Number is Not Acceptable) <b>2824 ALCAZAR DR</b> <b>MIRAMAR FL, 33023</b> City <b>FL</b> 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 <u>Abraham</u> <b>07-27-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KURUVILLA, ABRAHAM</b> <b>2824 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b> <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	<b>ST</b> <b>HUTTOE, DAWN D</b> <b>2824 ALCAZAR DRIVE</b> <b>MIRAMAR, FL 33023</b> <input checked="" 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: <u>Abraham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>07-27-07</b> <b>954-274-1357</b> <small>Date Daytime Phone #</small>		

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