2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116039

Entity Name: NEW START MORTGAGE, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

13517 SW 136TH ST., UNIT 213 13501 SW 136 ST MIAMI, FL 33186 213

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

15785 SW 146TH TERR. 13501 SW 136 ST MIAMI, FL 33196

MIAMI, FL 33186

FEI Number: 20-5511572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORES, LUISA FLORES, LUISA 13517 SW 136TH ST., UNIT 213 13501 SW 136 ST

MIAMI, FL 33186 213 MIAMI, FL 33186 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: LUISA FLORES 05/02/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FLORES, LUISA Name: Name: FLORES, LUISA

13517 SW 136TH ST., UNIT 213 13501 SW 136 ST SUITE #213 Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: Title: PD () Delete (X) Change () Addition

ZAMBRANO, BYRON ZAMBRANO, BYRON Name: Name:

13517 SW 136TH ST., UNIT 213 Address: 13501 SW 136 ST SUITE #213 Address:

MIAMI, FL 33186 MIAMI, FL 33186 City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete

KEILA, ZAMBRANO Name: Name:

13501 SW 136 ST SUITE #213 Address Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: VΡ () Change (X) Addition

RAFAEL, FLORES Name: Name:

Address: Address: 13501 SW 136 ST SUITE #213

City-St-Zip: City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify 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: LUISA FLORES PD 05/02/2007