

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90062 041 \*\*\*150.00

<b>DOCUMENT # P06000145839</b> 1. Entity Name <b>A &amp; A MORTGAGE SOLUTIONS CORP.</b>					
Principal Place of Business <b>6333 SHERMAN STREET HOLLYWOOD, FL 33024</b>			Mailing Address <b>6333 SHERMAN STREET HOLLYWOOD, FL 33024</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-5829097</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DOCUMENTS CENTER INC. 4050 NORTH WEST 35TH WAY LAUDERDALE LAKES, FL 33309</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>JOSEPH R. NOFIL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3284 N. STATE ROAD 7</b> City <b>LAUDERDALE LAKES</b> <b>FL</b> Zip Code <b>33319</b>		
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  DATE <b>2/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT ANDERSON, NICHOLE 6333 SHERMAN STREET HOLLYWOOD, FL 33024</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>V ANDERSON, FREDERICK 6333 SHERMAN STREET HOLLYWOOD, FL 33024</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>S ARMSTRONG, DEBORAH 10506 NORTH WEST 70TH STREET TAMARAC, FL 33321</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  DATE <b>2/12/07</b> DAYTIME PHONE <b>(954) 592-0281</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40024084

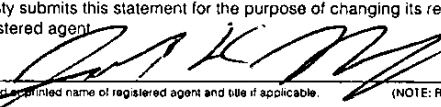


02122007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5829097** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

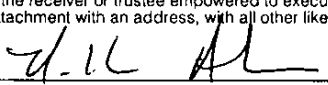
7. Name and Address of New Registered Agent  
 Name **JOSEPH R. NOFIL**  
 Street Address (P.O. Box Number is Not Acceptable) **3284 N. STATE ROAD 7**  
 City **LAUDERDALE LAKES** **FL** Zip Code **33319**

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10. OFFICERS AND DIRECTORS

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 SIGNATURE:  DATE **2/12/07** DAYTIME PHONE **(954) 592-0281**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR