FILED May 29, 2007 8:00 am Secretary of State 05-01-2007 90003 028 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business - No P.O. Bo # 3.1 Mailing Address 7303 MERCHANT COURT 33/240 2. Principal Place of Business - No P.O. Bo # 3.1 Mailing Address 33/240 MERCHANT COURT 33/240 2. Principal Place of Business - No P.O. Bo # 3.1 Mailing Address 33/240 MERCHANT COURT 33/240 2. Principal Place of Business - No P.O. Bo # 3.1 Mailing Address 33/240 MERCHANT COURT 33/240 2. Principal Place of Business - No P.O. Bo # 3.1 Mailing Address 33/240 MERCHANT COURT 35/25 Merchant 33/25 Merchant	DOCUMENT # P06000152007 1. Entity Name ARCHER NATIONWIDE MORTGAGE SERVICES, INC.								00021~~				
Suite, Apil #, etc. Suite, Apil #, etc.	7303 MERCH	IANT COURT	A cefind,		aiting Address 1303 MERCHANT COUT AKEWOOD RANCH, FL	RT 5	h"eti~	A I FAUTALL	# CRIID CIID ERM TEIR I	DIR I (1 011), (1161)		17 02) († 1 79)	
City & State Country S. Certificate of Status Dealind \$8.75 Adjusticable \$9.75 Adj	2. Principal Place of Business - No P.O. Box # 3. Mailing Address												
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8EISLER, PETER C 7303 MERCHANT COURT LAKEWOOD RANCH, FL 34240 6. The above named emby submits this stamment for the purpose of changing its registered dependence of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the Obligations of registered agent, or both, in the	Suite, Apt. #, etc.				Suite, Apt. #, etc.						34 (12/06)		
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12. Thereby certify that the information supplied with this filling does not quality 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. Floride Statutes; and that my name appears in Block 10 or Block 11 if chapter 607. Floride Statutes.													
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BISINING OFFICER OR DIRECTOR DAY DOLLAR POOR &													