2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# P07000085944

Entity Name: NATIONAL LOSS MITIGATION AND PROPERTY MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

320 EDWARD AVE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

1140 LEE BLVD., SUITE 102
LEHIGH ACRES, FL 33936

Current Mailing Address:

320 EDWARD AVE
LEHIGH ACRES, FL 33936

New Mailing Address:

1140 LEE BLVD., SUITE 102
LEHIGH ACRES, FL 33936

FEI Number: 26-0622225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

REEVE, DAVID W PRES.
1140 LEE BLVD.
SUITE 102
LEHIGH ACRES, FL 33936 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: DAVID W. REEVE 04/13/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REEVE, DAVID W
Address: 320 EDWARD AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: REEVE, DAVID W PRES.
Address: 1140 LEE BLVD. SUITE 102
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Change (X) Addition
Name: REEVE, LUISA L VP
Address: 1140 LEE BLVD. SUITE 102
City-St-Zip: LEHIGH ACRES, FL 33936

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: DAVID W. REEVE D 04/13/2008
Electronic Signature of Signing Officer or Director Date