
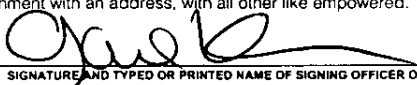


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90015 011 ***150.00

DOCUMENT # P32499 1. Entity Name EMC MORTGAGE CORPORATION					
Principal Place of Business MACARTHUR RIDGE II 909 HIDDEN RIDGE DRIVE, SUITE 200 IRVING, TX 75038 US			Mailing Address 2780 LAKE VISTA DRIVE LEWISVILLE, TX 75067		
2. Principal Place of Business - No P.O. Box # 800 State Hwy 121 Bypass		3. Mailing Address Suite, Apt. #, etc.			
City & State Lewisville Texas		City & State		4. FEI Number 13-3587347	
Zip 75067		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS VILLANI, ANTHONY W 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS Anthony W. Villani 2780 Lake Vista Dr. Lewisville, TX 75067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEILA, JOHN 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCE/PCOO John Veila 2780 Lake Vista Dr. Lewisville, TX 75067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO VELLA, JOHN 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038 <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	CFOT LETO, JUDITH L 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT/D Judith Leto 2780 Lake Vista Dr. Lewisville, TX 75067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO RUYLE, RALENE 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038 <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	SVP ANDREWS, GAIL D 909 HIDDEN RIDGE ROAD SUITE #200 IRVING, TX 75038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/PCO Gail Andrews 2780 Lake Vista Dr. Lewisville, TX 75067 <input checked="" 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: 		3/27/07 214-626-3805 <small>Date Daytime Phone #</small>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gail Andrews					