2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P92000005701

Entity Name: FAMILY FINANCE, INC.

FILED Jun 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6201 N. NEBRASKA AVE TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** 13815 LAKE VILLAGE PLACE TAMPA, FL 33618 FEI Number: 59-3153612 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: CRAMER, NANCY P-D 13815 LAKE VILLAGE PLACE TAMPA, FL 33618 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: Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BACKSTROM, CANDICE C CRAMER, NANCY H Name: Name: 13813 LAKE VILLAGE PLACE 13815 LAKE VILLAGE PLACE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: P-D Title: () Delete () Change () Addition Name: CRAMER, NANCY H Name: 13815 LAKE VILLAGE PLACE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: () Delete Title: () Change () Addition CRAMER, TERENCE SR B Name: Name: 13815 LAKE VILLAGE PLACE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition BACKSTROM, RUSSELL Name: Name: Address: 13813 LAKE VILLAGE PLACE Address: City-St-Zip: **TAMPA, FL 33618** City-St-Zip: Title: Title: () Delete (X) Change () Addition BACKSTROM, CANDICE H Name: Name: CRAMER, NANCY H 13813 LAKE VILLAGE PLACE Address: 13815 LAKE VILLAGE PLACE Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: (X) Delete Title: () Change () Addition CRAMER, TERENCE JR B Name: Name:

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.

Address: City-St-Zip:

SIGNATURE: NANCY H CRAMER PRES 06/08/2007

6201 NORTH NEBRASKA AVE

TAMPA, FL 33604