2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P93000035270

Entity Name: SUBURBAN MORTGAGE SERVICE, INC.

Current Principal Place of Business:

12773 W. FOREST HILL BLVD.
1215
WELLINGTON, FL 33414 US

New Principal Place of Business:

10285 TRIANON PLACE
WELLINGTON, FL 33467 US

Current Mailing Address:

12773 W. FOREST HILL BLVD.
1215
WELLINGTON, FL 33414 US

New Mailing Address:

10285 TRIANON PLACE
WELLINGTON, FL 33467 US

FEI Number: 65-0487448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHMAN, ROBERT
10285 TRIANON PL.
WELLINGTON, FL 33467 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: FISHMAN, ROBERT
Address: 10285 TRIANON PL.
City-St-Zip: WELLINGTON, FL 33467

Title: VP ( ) Delete
Name: MITCHELL, FISHMAN S
Address: 13632 83RD LANE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT FISHMAN PTSD 04/18/2007

Electronic Signature of Signing Officer or Director Date