

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010997

FILED  
Jun 28, 2007  
Secretary of State

Entity Name: GOLDEN AGE MORTGAGE CORP.

**Current Principal Place of Business:**

245 MAIN STREET  
WHITE PLAINS, NY 10601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 249  
PURCHASE, NY 10577

**New Mailing Address:**

FEI Number: 65-0462756      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FELIX, JEFF  
1601 SW 5TH STREET  
FORT LAUDERDALE, FL 33312      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FIDEL, MADELINE  
Address: 33 THE CROSSING  
City-St-Zip: PURCHASE, NY 10577

Title: VP ( ) Delete  
Name: BOREK, THOMAS  
Address: 33 THE CROSSING  
City-St-Zip: PURCHASE, NY 10577

**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 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: LAWRENCE HONIGMAN

CPA

06/28/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date