

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV -8 PM 1:29

DOCUMENT # P94000026550 1. Entity Name FIRST FINANCIAL FUNDING MORTGAGES, INC.	
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Principal Place of Business 119 E. GEORGIA STREET., #5 TALLAHASSEE, FL 32301 US	Mailing Address 119 E. GEORGIA STREET., #5 TALLAHASSEE, FL 32301 US
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2. Principal Place of Business 10 MASON COURT Suite, Apt. #, etc.	3. Mailing Address PO Box 937 Suite, Apt. #, etc.
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City & State Havana Fla	City & State Havana Fl	4. FEI Number 59-3233957	Applied For <input type="checkbox"/> Not Applicable
Zip 32333	Country Caddden	Zip 32333	Country Caddden



04042006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent PHILLIPS, EDGAR E 119 E. GEORGIA STREET., #5 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10 Mason Court City Havana	
		FL	Zip Code 32333

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: Edgar E Phillips Edgar E Phillips 11/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PHILLIPS, ANGI LYN 119 E. GEORGIA STREET., #5 TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Edgar E Phillips PO Box 937 Havana Fl 32333 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 05/06

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11/08/06--01029--007 **308.75

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: Edgar E. Phillips Edgar E. Phillips 11/8/06 850539-0508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #