


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90005 012 \*\*\*150.00

DOCUMENT # P97000100867  
1. Entity Name  
ACRA MORTGAGE CORP.



Principal Place of Business      Mailing Address  
3511 W. HILLSBORO BLVD      2604 NW 53 DR  
DEERFIELD BEACH, FL 33442      BOCA RATON, FL 33496  
*CHANGE OF PRINCIPAL PLACE OF BUSINESS*

950 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487  
**DO NOT WRITE IN THIS SPACE**

40030415



01312007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
65-0795530      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ISAACS, ARTHUR  
2604 NW 53 DR  
BOCA RATON, FL 33496

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ISAACS, ARTHUR
STREET ADDRESS	2604 NW 53 ST
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Arthur Isaac      Arthur ISAACS      3/6/07      601-826-0800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #