2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105040

City-St-Zip:

Entity Name: STATEWIDE MORTGAGE OUTLET, INC.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
1515 UNIV 216	ERSITY DR				1515 UNIV 204B	ERSITY DE	₹		
	PRINGS, FL 33	3071	US		CORAL SP	RINGS, FL	33071	US	
Current Mailing Address:					New Mailing Address:				
	ERSITY DR				1515 UNIV	ERSITY DE	₹		
216 CORAL SF	PRINGS, FL 33	3071	US		204B CORAL SP	RINGS, FL	33071	US	
FEI Number:	65-0800043	FEIN	umber Applied For()	FEI Nur	nber Not Appl	icable ()	Certifi	cate of Status Desi	red ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
STOTT, ROBERT S 1515 UNIVERSITY DR					STOTT, ROBERT S 1515 UNIVERSITY DR				
216 CORAL SPRINGS, FL 33071 US					204B CORAL SPRINGS, FL 33071 US				
	named entity s of Florida.	submits	this statement for the p	ourpose o	f changing it	ts registere	d office or	registered agent	t, or both,
SIGNATURE:					04/14/2008				
Electronic Signature of Registered Agent					Date				
Election Can	npaign Financing	g Trust F	und Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PSTD () STOTT, ROBER 1461 NW 114 A PLANTATION, F	VE	3		Title: Name: Address: City-St-Zip:		() Change	e () Addition	
Title: Name: Address: City-St-Zip:	VP () SHEA, ELLY 1515 UNIVERSI CORAL SPRINC				Title: Name: Address: City-St-Zip:		. ,		
Title: Name:	()	Delete			Title: Name:	D STOTT, DO	NNA B	e (X) Addition	

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.

City-St-Zip: PLANTATION, FL 33323

SIGNATURE: ROBERT S. STOTT O/D 04/14/2008