


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90250 026 \*\*\*158.75

<b>DOCUMENT # P98000005707</b>	
1. Entity Name <b>ADVANCED MORTGAGE CORPORATION</b>	

Principal Place of Business <b>4510 INVERRARY BLVD SUITE B203 LAUDERHILL, FL 33319</b>	Mailing Address <b>3661 WEST OAKLAND PARK BLVD. SUITE 302 LAUDERDALE LAKES, FL 33311</b>
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4510 Inverrary Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Lauderhill, Florida</b>	
Zip	Country	Zip <b>33319</b>	Country <b>U.S.A.</b>

04292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0804791</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

6. Name and Address of Current Registered Agent <b>MITCHELL, LEON 3661 WEST OAKLAND PARK BLVD., SUITE 302 LAUDERDALE LAKES, FL 33311</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARTLETT, CARMEN A 3661 W. OAKLAND PARK BLVD., STE. 205 LAUDERDALE LAKES, FL 33311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARTLETT, CARMEN A 4510 INVERRARY BLVD. LAUDERHILL, FL 33318</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MITCHELL, LEON 3661 W. OAKLAND PARK BLVD., # 302 LAUDERDALE LAKES, FL 33311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MITCHELL, LEON 4510 INVERRARY BLVD. LAUDERHILL, FL 33318</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JARRETT, EARL 3661 W. OAKLAND PARK BLVD., # 302 LAUDERDALE LAKES, FL 33311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JARRETT, EARL W 4510 INVERRARY BLVD. LAUDERHILL, FL 33318</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>CARMEN BARTLETT</b>	<b>04/28/2008</b>	<b>1-866-735-6002</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #