2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008591

Entity Name: TRI-COUNTY EXPRESS MORTGAGE CORPORATION

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1601 N. PALM AVE., 306 1601 N. PALM AVE., 306

306 214

PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026

Current Mailing Address: New Mailing Address:

1601 N. PALM AVE. 1601 N. PALM AVE.

SUITE 306 SUITE 214

PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026

FEI Number: 65-0802629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAMPOS, MARIO C CAMPOS, MARIO C 1601 N. PALM AVE. 1601 N. PALM AVE.

001 N. FALIVIAVE. 1001 N. F

PEMBROKE PINES, FL 33026 US PEMBROKE PINES, FL 33026 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P/S (X) Change () Addition
Name: CAMPOS, MARIO C

Address: 1601 N. PALM AVE 306

 Address:
 1601 N. PALM AVE., 306
 Address:
 1601 N. PALM AVE., 214

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 City-St-Zip:
 PEMBROKE PINES, FL 33026

Name: CAMPOS, JAVIER E Name: CAMPOS, JAVIER E

 Address:
 1601 N. PALM AVE., SUITE 306
 Address:
 1601 N. PALM AVE., SUITE 214

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 City-St-Zip:
 PEMBROKE PINES, FL 33026

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: MARIO CAMPOS PRES 04/30/2007