2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90257 046 ***150.00

DOCUMENT # P98000073711

1. Entity Name
FIRST WESTERN MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
4000 N FEDERAL HWY SUITE 207 BOCA RATON, FL 33431 US	4000 N FEDERAL HWY SUITE 207 BOCA RATON, FL 33431 US

04242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
980 N. FEDERAL Hwy.	980 N. FEDERAL Hwy.
Suite, Apt. #, etc. SUITE 304	Suite, Apt. #, etc. SUITE 304
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431 Country	Zip 33431 Country

4. FEI Number 65-0861709 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOPKINS, JOHN O 4000 N FEDERAL HWY SUITE 207 BOCA RATON, FL 33431	Name JOHN O. HOPKINS, ETA Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL Hwy, SUITE 304 City BOCA RATON FL Zip Code 33431

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 ______________________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HOPKINS, JOHN O		NAME	
STREET ADDRESS	4000 N FEDERAL HWY STE 207		STREET ADDRESS	980 N. FEDERAL Hwy., SUITE 304
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______________________________ 4/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #