

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000079587

FILED
Jul 02, 2007
Secretary of State

Entity Name: CAPITAL MORTGAGE CENTER, INC.

Current Principal Place of Business:

8192 COLLEGE PARKWAY
41-B
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8192 COLLEGE PARKWAY
41-B
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0872036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOLA, FRANCIS P
1765 W MARION AVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

SHONAK, BRIAN D
4239 LIRON AVE
202
FORT MYERS, FL 33916 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: BRIAN D SHONAK

07/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOLA, FRANCIS P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP () Delete
Name: SCOLA, FRANCIS P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: S () Delete
Name: SCOLA, FRANCIS P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: SCOLA, FRANCIS P
Address: 1765 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHONAK, BRIAN D
Address: 4239 LIRON AVE #202
City-St-Zip: FORT MYERS, FL 33916

Title: VP (X) Change () Addition
Name: SHONAK, BRIAN D
Address: 4239 LIRON AVE #202
City-St-Zip: FORT MYERS, FL 33916

Title: S (X) Change () Addition
Name: SHONAK, BRIAN D
Address: 4239 LIRON AVE #202
City-St-Zip: FORT MYERS, FL 33916

Title: T (X) Change () Addition
Name: SHONAK, BRIAN D
Address: 4239 LIRON AVE # 202
City-St-Zip: FORT MYERS, FL 33916

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: BRIAN D SHONAK

P

07/02/2007

Electronic Signature of Signing Officer or Director

Date