2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 03, 2008
Secretary of State

DOCUMENT# P98000079587

Entity Name: CAPITAL MORTGAGE CENTER, INC.

Current Principal Place of Business:

8140 COLLEGE PARKWAY
106
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8140 COLLEGE PARKWAY
106
FT. MYERS, FL 33919

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCOLA, FRANCIS P
1765 W. MARION AVE.
PUNTA GORDA, FL 33950 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: FRANCIS PAUL SCOLA 06/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FRANCIS P. SCOLA P 06/03/2008
Electronic Signature of Signing Officer or Director Date