2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 02, 2007 08:00 AM Secretary of State DOCUMENT # P98000095826 1. Entity Name AMERI-TECH MORTGAGE, INC. Principal Place of Business Mailing Address 1799-B N. BELCHER ROAD 1799-B N. BELCHER ROAD CLEARWATER, FL 33765 CLEARWATER, FL 33765 CR2E034 (11/05) 04302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3548150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORLEY, LAURENCE B DO NOT WRITE 1799-B N. BELCHER ROAD CLEARWATER, FL 33765 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE WORLEY, LAURENCE B NAME STREET ADDRESS 1799-B N. BELCHER ROAD U00000755744 CITY-ST-ZIP CLEARWATER, FL 33765 05/23/07-80001-015 15n.nn TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I nereby 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

URENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC