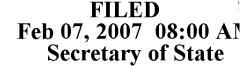
2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P99000019006 1. Entity Name ADVANTAGE FIRST MORTGAGE CORP.



Principal Place of Business Mailing Address						1				
496 TINA P		- '		INA PLACE						
MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952										
MERRITI ISLAND FL 32952										
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							-			
		·, 								
Suite, Apt.	#, otc.	Suito	Suite, Apt. #, etc.				1st MOORE CR2E034 (10/06)			
City & State			City &	City & State				4. FEI Numbor 59-3562399 Applied For Not Applicable		
Zip 🐉 Country			Zip		Coun	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Curren	t Registere	gistered Agent				7. Name and Address of New Registered Agent		
BUSINESS FILINGS INCORPORATED : Name										
120	3 GOVEF	RNORS SQUARE E	KATED SLVD		Street Addres		ddress (l	(P.O. Box Number is Not Acceptable)		
SUITE 101										
TAL	LAHASS	D,					or its contract of the contrac			
			.:		City		FL Zip Code			
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										
ino obligati	ions of regist	ered agent		, _ક રાફોર્સ્		• '	ئى . دى دى	i i		
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Food										
Make Check Payable to Florida Department of State								Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS 11.							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TIFLE	D			☐ Deleic	TITLE			Change Addition		
NAME DYKE, WILLIAM L STRET ADDRESS 496 TINA PLACE						NAME		U00000626268		
STREET ADDRESS 496 TINA PLACE CITY-ST-ZIP MERRITT ISLAND FL 32952				STREET AI CITY-ST-				02/15/07-80013-012 158.75		
TITLE	D			Delete	TITLE			☐ Change ☐ Addition		
NAME	NAME DYKE, ROBERT G						L			
SIREET ADDRESS 5823 MONTGOMERY RD CHY-SI-7IP ELKRIDGE MD 21075				STREET ADDRESS						
CLTY-ST-ZIP	ELKHIDGE	MD 21075		<u> </u>	CITY	-ST-ZIP				
TITLE NAMI:				☐ Delete	TITLE			☐ Change ☐ Addition		
STREET ADDRESS		سالمستنيب والميا درجو مراوين الوران			NAME STREE	ET ADDRESS	***	, ,		
C1TY+ST-ZIP						·ST-ZIP				
THTLE	_			☐ Delete	ME			☐ Change ☐ Addition		
NAME.					NAME					
SIRVET ADDRESS CITY-ST-ZIP						E1 ADDRESS · ST- ZIP				
IFILE				☐ Delete	ШЕ			☐ Change ☐ Addition		
NAME				□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	NAME	•		onange Audition		
STREET ADDRESS					1	FT ADDRESS				
CITY-SI-ZIP					CITY-	ST-ZIP				
IIITU				Delete	ME			☐ Change ☐ Addition		
NAME STREET ADDRESS					NAME STREE	ET ADDRESS				
CITY-SI-ZIP						ST-ZIP				
12. I hereby d	ertify that the	e information supplied wi	th this filina	does not qualify for	or the ex	emptions o	ontained	ed in Section 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	d, or on an a	tlachment with an addres	ss, with all o	ther like empower	ed.	.,		35/		