2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P99000076431

Entity Name: ANCIENT CITY MORTGAGE, INC.

Current Principal Place of Business:

1100-4 PONCE DE LEON, SOUTH
ST AUGUSTINE, FL 32084

New Principal Place of Business:

1100-4 PONCE DE LEON BLVD SOUTH
ST AUGUSTINE, FL 32084

Current Mailing Address:

1100-4 PONCE DE LEON, SOUTH
ST AUGUSTINE, FL 32084

New Mailing Address:

1100-4 PONCE DE LEON BLVD SOUTH
ST AUGUSTINE, FL 32084

FEI Number: 59-3595663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, JOHN
1 AVISTA CIRCLE
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

WOOD, JOHN
1100-4 PONCE DE LEON BLVD SOUTH
SAINT AUGUSTINE, FL 32084 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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOOD, JOHN
Address: 1 AVISTA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN WOOD P 04/28/2009
Electronic Signature of Signing Officer or Director — Date