


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 23 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102128	
1. Entity Name LIGHTHOUSE MORTGAGE CORPORATION	

Principal Place of Business 12650 NEW BRITTANY BLVD STE 102B FORT MYERS, FL 33907	Mailing Address 12650 NEW BRITTANY BLVD STE 102B FORT MYERS, FL 33907
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



5162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0963637	Applied For Not Applicable
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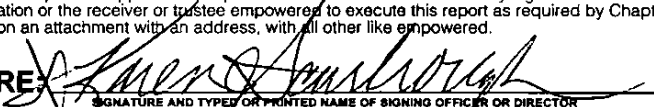
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCARBROUGH, JOHN ROBERT 12650 NEW BRITTANY BLVD STE 102 B FORT MYERS, FL 33907	7. Name and Address of New Registered Agent Name KAREN J. SCARBROUGH Street Address (P.O. Box Number is Not Acceptable) 12650 New Brittany Blvd., #102B City Ft. Myers FL Zip Code 33907
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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 _____ DATE 5/ /07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARBROUGH, JOHN ROBERT <input checked="" type="checkbox"/> Delete 5312 SW 24TH PL CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500104424865 06/15/07--01025--011 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SCARBROUGH, KAREN J <input type="checkbox"/> Delete 5312 SW 24TH PL CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T SCARBROUGH, KAREN J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5312 SW 24th Place Cape Coral, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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.
SIGNATURE  DATE 5/24 /07 DAYTIME PHONE # 239-482-4663 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>