2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72809

FILED Apr 09, 2008 Secretary of State

Entity Name: COUNTY TRUST MORTGAGE BANKERS CORP.

Current Principal Place of Business: New Principal Place of Business:

11430 N KENDALL DR 10150 SW 124TH AVE SUITE 300 MIAMI, FL 33186 MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

11430 N KENDALL DR PO BOX 836200 SUITE 300 MIAMI, FL 33283 MIAMI, FL 33176

FEI Number: 65-0276605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHOMAT, HECTOR
11430 N. KENDALL DRIVE
SUITE 300
MIAMI, FL 33176 US

CHOMAT, HECTOR
10150 SW 124TH AVE
MIAMI, FL 33186 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: 04/09/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CHOMAT, HECTOR Name: CHOMAT, HECTOR

Address: 11430 N KENDALL DRIVE SUITE 300 Address: 10150 SW 124TH AVE
City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33186

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 CHOMAT, ELSA M
 Name:
 CHOMAT, ELSA M

 Address:
 11430 N KENDALL DRIVE, SUITE 300
 Address:
 10150 SW 124TH AVE

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33186

Title: V () Delete Title: V (X) Change () Addition

 Name:
 POWELL, CHERYL
 Name:
 POWELL, CHERYL

 Address:
 11430 N KENDALL DR, SUITE 300
 Address:
 10150 SW 124TH AVE

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33186

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: HECTOR CHOMAT PRES 04/09/2008