

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005816

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: ADVANCED MORTGAGE NETWORK, INC.

**Current Principal Place of Business:**

4819 EMPEROR BLVD.  
4TH FLOOR  
DURHAM, NC 27703

**New Principal Place of Business:**

**Current Mailing Address:**

4819 EMPEROR BLVD.  
4TH FLOOR  
DURHAM, NC 27703

**New Mailing Address:**

FEI Number: 35-2243835      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CHRM ( ) Delete  
Name: MINER, JAMES  
Address: 4819 EMPEROR BLVD. 4TH FLOOR  
City-St-Zip: DURHAM, NC 27703

Title: PD ( ) Delete  
Name: MINER, JAMES  
Address: 4819 EMPEROR BLVD. 4TH FLOOR  
City-St-Zip: DURHAM, NC 27703

Title: STD ( ) Delete  
Name: MINER, JAMES  
Address: 4819 EMPEROR BLVD. 4TH FLOOR  
City-St-Zip: DURHAM, NC 27703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES H MINER

PD

01/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date