

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005694

FILED
Jan 17, 2007
Secretary of State

Entity Name: CITYWIDE MORTGAGE CORPORATION

Current Principal Place of Business:

8401 CORPORATE DR., STE. 200
LANDOVER, MD 20785

New Principal Place of Business:

Current Mailing Address:

8401 CORPORATE DR., STE. 200
LANDOVER, MD 20785

New Mailing Address:

FEI Number: 52-1937599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CPT () Delete
Name: SEGAL, MICHAEL
Address: 8033 RISING RIDGE RD
City-St-Zip: BETHESDA, MD 20817

Title: CVS () Delete
Name: SELIGMAN, BRIAN
Address: 9209 CAMBRIDGE MANOR CT
City-St-Zip: POTOMAC, MD 20854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: SEGAL, MICHAEL
Address: 10807 RED BARN WAY
City-St-Zip: POTOMAC, MD 20854

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: BRIAN SELIGMAN

MR.

01/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date