



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 651597 1. Entity Name MORTGAGE GROUP OF AMERICA, INC.						FILED 06 MAR 28 PM 1:09 FLORIDA STATE TALLAHASSEE, FLORIDA							
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145-3511 US				Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145-3511 US									
2. Principal Place of Business			3. Mailing Address			02252006		Chg-P		CR2E034 (11/05)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 59-1961501		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
City & State			City & State			5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip		Country		Zip		Country							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI, FL 33145						Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME		PSD GAVCOVICH, ABRAM		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS		5220 LA CORCE DR				STREET ADDRESS							
CITY-ST-ZIP		MIAMI BEACH, FL 33140				CITY-ST-ZIP							
TITLE NAME		VTD GAVCOVICH, MARTA		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS		5220 LA CORGE DR				STREET ADDRESS		100069054 PPT 03/30/06--01048--002 **150.00					
CITY-ST-ZIP		MIAMI BEACH, FL 33140				CITY-ST-ZIP							
TITLE NAME				<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS						STREET ADDRESS							
CITY-ST-ZIP						CITY-ST-ZIP							
TITLE NAME				<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS						STREET ADDRESS							
CITY-ST-ZIP						CITY-ST-ZIP							
TITLE NAME				<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS						STREET ADDRESS							
CITY-ST-ZIP						CITY-ST-ZIP							
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: _____						_____ ABRAM GAVCOVICH 3/30/06 305 856 0056 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>							