


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90197 042 \*\*\*150.00

**DOCUMENT # F03000002440**

1. Entity Name  
**MORTGAGE NOW, INC.**



Principal Place of Business      Mailing Address  
**750 WEST RESOURCE DRIVE, #300**      **750 WEST RESOURCE DRIVE, #300**  
**BROOKLYN HEIGHTS, OH 44131**      **BROOKLYN HEIGHTS, OH 44131**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01092006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**31-1546027**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**FAULEY, KEVIN**  
**16017 NORTH FLORIDA**  
**LUTZ, FL 33549**

**7. Name and Address of New Registered Agent**  
 Name      **MICHAEL O'HEARN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9220 BONITA BEACH RD Suite 200**  
 City      **BONITA SPRINGS FL**      Zip Code      **34135**

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      *[Signature]*      **VICE PRESIDENT**      **4/25/06**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing            **\$5.00 May Be**  
 Trust Fund Contribution.      Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCD SCHWARTZ, JAMES C 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BICE, EVERT D 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BUCKLEY, ANITA 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MANN, LAURA 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE:      *[Signature]*      **4/26/06**      **216 635 0000**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #