

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004637

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: TRIPLE CROWN MORTGAGE, INC.

## Current Principal Place of Business:

1021 MAJESTIC DRIVE, #210  
LEXINGTON, KY 40513 US

## New Principal Place of Business:

1021 MAJESTIC DRIVE  
SUITE 200  
LEXINGTON, KY 40513 US

## Current Mailing Address:

1021 MAJESTIC DRIVE, #210  
LEXINGTON, KY 40513 US

## New Mailing Address:

1021 MAJESTIC DRIVE  
SUITE 200  
LEXINGTON, KY 40513 US

FEI Number: 61-1335237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORM-A-CORP, INC.  
100 VILLAGE SQUARE CROSSING #103  
PALM BEACH GARDENS, FL 334104531 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: D,P ( ) Delete  
Name: DONALDSON, BEN M SR.  
Address: 1021 MAJESTIC DRIVE, #210  
City-St-Zip: LEXINGTON, KY 40513 US

Title: S ( ) Delete  
Name: DONALDSON, BEN  
Address: 1021 MAJESTIC DRIVE, #210  
City-St-Zip: LEXINGTON, KY 40513 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition  
Name: DONALDSON, BEN M SR.  
Address: 1021 MAJESTIC DRIVE, #200  
City-St-Zip: LEXINGTON, KY 40513 US

Title: S (X) Change ( ) Addition  
Name: DONALDSON, BEN  
Address: 1021 MAJESTIC DRIVE, #200  
City-St-Zip: LEXINGTON, KY 40513 US

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: BEN DONALDSON, SR.

D

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date