2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000000760

1. Entity Name

GULF STATES MORTGAGE CORPORATION (OF TEXAS)



Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90412 020 ***150.00

FILED

Principal Place of Business

5206 FM 1960 WEST, SUITE 210 HOUSTON, TX 77069

Mailing Address

5206 FM 1960 WEST, SUITE 210 HOUSTON, TX 77069



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 76-0449873
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	I Agent signatur	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC LOUIS, JEFFREY M 5206 FM 196. WEST, SUITE 210 HOUSTON, TX 77069				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, JEFFREY M 5206 FM 196. WEST, SUITE 210 HOUSTON, TX 77069				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUMPHREY, GINGER 5206 FM 196. WEST, SUITE 210 HOUSTON, TX 77069		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained. 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 not be in a needle effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Clarities? Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add ess. The all other like empowered.

SIGNATURE:

ME AND TYPED OR PRINTED NAME OF SIGNING OF THE PRINTED HAVE OF

4-18-06

281-537-8999