

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007334

FILED
Feb 07, 2006
Secretary of State

Entity Name: ACTION MORTGAGE CORP. OF SOUTHWEST FLORIDA

Current Principal Place of Business:

1120 PARK AVENUE
CRANSTON, RI 02910

New Principal Place of Business:

Current Mailing Address:

1120 PARK AVENUE
CRANSTON, RI 02910

New Mailing Address:

FEI Number: 06-1474097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, JAMES D
613 ASHTON LAKE COURT
LEHIGH ACRES, FL 33936 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: DPST () Delete
Name: PLANTE, WILLIAM A
Address: 27 WINCHESTER DRIVE
City-St-Zip: NORTH SCITUATE, RI 02857

Title: V () Delete
Name: RUSSO, NATHAN
Address: 3 WAGON TRAIL
City-St-Zip: JOHNSTON, RI 02919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RUSSO, NATHAN
Address: 3 WAGON TRAIL
City-St-Zip: JOHNSTON, RI 02919

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: WILLIAM A. PLANTE

DPST

02/07/2006

Electronic Signature of Signing Officer or Director

_____ Date