


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000009858
 1. Entity Name
MORTGAGE MART USA, INC.



Principal Place of Business: **POST OFFICE BOX 07186 FORT MYERS FL 33919**
 Mailing Address: **POST OFFICE BOX 07186 FORT MYERS FL 33919**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number: **65-1074658** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUTKOFF, ANDREW
9400 GLADIOLUS DR #100
FT MYERS FL 33908

7. Name and Address of New Registered Agent
 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
 Date: **1/20/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: LUTKOFF, ANDREW	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS: PO BOX 07186	CITY-ST-ZIP: FORT MYERS FL 33919	NAME: U00000410399	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D <input type="checkbox"/> Delete	NAME: LEFKOWITZ, JUDITH	STREET ADDRESS: 02/09/06-80035-008	150.00
STREET ADDRESS: POST OFFICE BOX 07186	CITY-ST-ZIP: FORT MYERS FL 33919	CITY-ST-ZIP:	
TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* Date: **1/20/06** Phone: **239-415-4663**