## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P04000031634**

1. Entity Name

MORTGAGE NOTE INVESTORS, INC.



Principal Place of Business

10306 NW 33RD PLACE SUNRISE, FL 33351

Mailing Address

10306 NW 33RD PLACE SUNRISE, FL 33351

## **FILED** Apr 05, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

No Chg-P 03262006 CR2E034 (11/05)

4. FEI Number 20-0737703 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DUCKWORTH, RICHARD J 10306 NW 33RD PLACE SUNRISE, FL 33351			DO NOT WRITE IN THIS SPACE		
	ions of registered agent.				ith, in the State of Fforida. I am familiar with, and accep
	Spiriture, typed or printed name of registered agent and title?  E NOWIT: FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.		\$5.00 May Be Added to Fees	04/19/06-80084-019 150.00
THE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP HILE NAME STREET ADDRESS CITY-ST-ZP CITLE NAME STREET ADDRESS CITY-ST-ZP	P DUCKWORTH, RICHARD J 10306 NW 33RD PLACE SUNRISE, FL 33351 VP DUCKWORTH, RICHARD J 10306 NW 33RD PLACE SUNRISE, FL 33351 SEC DUCKWORTH, RICHARD J 10306 NW 33RD PLACE SUNRISE, FL 33351 SEC DUCKWORTH, RICHARD J 10306 NW 33RD PLACE SUNRISE, FL 33351	TOHS	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this fitting 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 on an attachment with any address, with all other like empowered.

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SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR