


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90014 035 \*\*\*150.00

**DOCUMENT # P97000005332**

1. Entity Name  
**FIRST OPTION MORTGAGE CORPORATION**



Principal Place of Business      Mailing Address  
**3156 S UNIVERSITY DR**      **3156 S UNIVERSITY DR**  
**MIRAMAR, FL 33025 US**      **MIRAMAR, FL 33025 US**

**50021059**



2. Principal Place of Business      3. Mailing Address  
*2448 N University DR*      *2448 N University DR*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

06022006      Chg-P      CR2E034 (11/05)

City & State      City & State  
*Pembroke Pines FL*      *Pembroke Pines FL*  
 Zip      Country      Zip      Country  
*33024*      *USA*      *33024*      *USA*

4. FEI Number      Applied For  
**65-0720247**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, SANDRA**  
**3156 S UNIVERSITY DR**  
**MIRAMAR, FL 33025**

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]*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, SANDRA	
STREET ADDRESS	3805 SW 148 TERR	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: *[Signature]*      *SANDRA JOHNSON*      *904 450-3535*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

50021059


FIRST OPTION MORTGAGE CORPORATION  
2448 N UNIVERSITY DRIVE,  
PEMBROKE PINES, FL 33024  
954-450-3535

June 2, 2006

RE; REPORT #P97000005332  
FIRST OPTION MORTGAGE CORP

Regarding the captioned report, this is to advise that I did not receipt a renewal notice for 2006. I am enclosing the renewal fee with a copy of the report I was instructed to download from the website.

Sincerely,



Sandra Johnson  
President

PS. CHANGE OF ADDRESS