

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055563

Entity Name: FMIF MORTGAGES, INC.

FILED  
Apr 03, 2006  
Secretary of State

**Current Principal Place of Business:**

5665 TRAILWINDS DRIVE  
#626  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

5665 TRAILWINDS DRIVE  
#626  
FORT MYERS, FL 33907 US

**New Mailing Address:**

FEI Number: 65-0764650      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, PATRICK B  
5665 TRAILWINDS DRIVE  
626  
FT MYERS, FL 33907 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: D ( ) Delete  
Name: ROBINSON, PATRICK B  
Address: 5665 TRAILWINDS DR #626  
City-St-Zip: FT MYERS, FL 33907

Title: D ( ) Delete  
Name: ROBINSON, NANCY J  
Address: 5665 TRAILWINDS DR. #626  
City-St-Zip: FT MYERS, FL 33907

Title: D ( ) Delete  
Name: HECK, ROBERT  
Address: 5825 TRAILWINDS DRIVE #411  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: HECK, ROBERT  
Address: 5825 TRAILWINDS DRIVE #411  
City-St-Zip: FORT MYERS, FL 33907

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: PATRICK B. ROBINSON

PRES

04/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date