2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006558

Entity Name: INNOVEX MORTGAGE, INC.

FILED Jan 12, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
1999 SOUTH BASCOM AVENUE, SUITE 230 CAMPBELL, CA 95008		9775 TOWNE CENTRE I SAN DIEGO, CA 92121	9775 TOWNE CENTRE DRIVE SAN DIEGO, CA 92121	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
1999 SOUTH BASCOM AVENUE, SUITE 230 CAMPBELL, CA 95008		9775 TOWNE CENTRE I SAN DIEGO, CA 92121	9775 TOWNE CENTRE DRIVE SAN DIEGO, CA 92121	
FEI Number: 77-0344595	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
FLORIDA COMPLIANCE SPECIALISTS,INC. 2331 HANSEN PLACE				
TALLAHASSEE, FL 32301	1 US			
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:

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ELYASSNIA, ROOSEVELT

Address: 1999 SOUTH BASCOM AVENUE, SUITE 230

Election Campaign Financing Trust Fund Contribution ().

Electronic Signature of Registered Agent

City-St-Zip: CAMPBELL, CA 95008

Title: DVS () Delete Name: ELYASSNIA, AMALEK

Address: 1999 SOUTH BASCOM AVENUE, SUITE 230

City-St-Zip: CAMPBELL, CA 95008

Title: () Delete

Address: City-St-Zip:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: DP (X) Change () Addition

Name: BLACK, STEVEN

Address: 9775 TOWNE CENTRE DRIVE City-St-Zip: SAN DIEGO, CA 92121 US

Title: DT (X) Change () Addition

Name: MAHER, C. WILLIAM

Address: 9560 TOWNE CENTRE DRIVE City-St-Zip: SAN DIEGO, CA 92121 US

Title: VS () Change (X) Addition

Name: LEWIS, AMY A

Address: 9775 TOWNE CENTRE DRIVE City-St-Zip: SAN DIEGO, CA 92121 US

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: AMY LEWIS V 01/12/2006