## 2006 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Jan 23, 2006 08:00 AN Secretary of State DOCUMENT # F01000005325 1. Entity Name PARAMOUNT MORTGAGE SERVICES, INC. Principal Place of Business ... Mailing Address 231 CROSSWICKS RD, STE 5 231 CROSSWICKS RD, STE 5 BORDENTOWN, NJ 08505 BORDENTOWN, NJ 08505 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3039548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000394849 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 01/26/06-80027-005 150.00 OFFICERS AND DIRECTORS 10. PSD TITLE MODUGNO, JOHN A STREET ADDRESS 231 CROSSWICKS RD, STE 5 CITY - ST- ZIP BORDENTOWN, NJ THILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE GITY - ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 signaturaginal 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: JOHN A MODICNO PRESTI OFFICER OR PIRECTO 1-24-06 609-298-8886