


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000005408</b> 1. Entity Name LAKESIDE MORTGAGE, INC.	
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Principal Place of Business 16600 SPRAGUE ROAD, #130 MIDDLEBURG HEIGHTS, OH 44130	Mailing Address 16600 SPRAGUE ROAD, #130 MIDDLEBURG HEIGHTS, OH 44130
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**DO NOT WRITE IN THIS SPACE**



05312006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1816600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDES, MARTIN  
6767 NORTH WICKHAM  
#201  
MELBOURNE, FL 32940

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renating) DATE \_\_\_\_\_

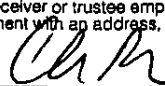
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000575610 08/29/06-80009-018 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINKMAN, CHARLES 16600 SPRAGUE ROAD, #130 MIDDLEBURG HEIGHTS, OH 44130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIPAOLLO, MICHAEL 16600 SPRAGUE ROAD, #130 MIDDLEBURG HEIGHTS, OH 44130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
**MEADEN & MOORE, LTD. #34-1818258**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
1100 SUPERIOR AVE. STE. 1100