

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

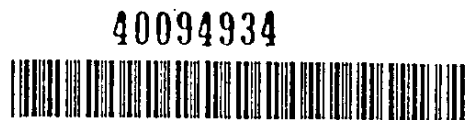
06-07-2006 90003 001 ***150.00

DOCUMENT # F02000002874	
1. Entity Name MORTGAGE INSURANCE AGENCY, LTD., INC.	



Principal Place of Business 1125 MITCHELL CT CRYSTAL LAKE IL 60014	Mailing Address 1125 MITCHELL CT CRYSTAL LAKE IL 60014
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3885837	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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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 <u>N/A</u>	DATE <u>N/A</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST JACKSON, DAVID J 9233 S. ROUTE 01 LAKE IN THE HILLS, IL 60156 1125 MITCHELL CT CRYSTAL LAKE IL 60014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JACKSON, Andrew E. 1125 MITCHELL CT CRYSTAL LAKE IL 60014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO Joseph B. D. Crew 1125 MITCHELL CT CRYSTAL LAKE IL 60014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 person or persons 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 attached page with all other like employees.

SIGNATURE: <u>Joseph B. D. Crew</u>	Date: <u>5/31/06</u>	Daytime Phone: <u>817-458-9900</u>
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ATTACHMENT

mortgage insurance agency

Your insurance solution.


40094934
F02000002874

Florida Department of State
Division of Corporations
PO Box 6198
Tallahassee, FL 32314

Dear Sir or Madam:

I have attached a substitute 2006 For Profit Corporation Annual Report. We had moved in November of 2005 and did not receive the pre-printed form. This in conjunction with the departure of the previous accountant has resulted in the late filing of the annual return. We believe the two events have created the necessary circumstances to qualify as "Reasonable Cause" and respectfully request that the filing fee of \$150 be accepted. We appreciate your consideration.

Sincerely,


Joseph B. DiCarlo
CFO