

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004351

FILED
Jan 17, 2006
Secretary of State

Entity Name: CUSTOM MORTGAGE SOLUTIONS, INC.

Current Principal Place of Business:

1000 VOORHEES DR
VOORHEES, NJ 08043

New Principal Place of Business:

Current Mailing Address:

1000 VOORHEES DR
VOORHEES, NJ 08043

New Mailing Address:

FEI Number: 22-3764210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DP () Delete
Name: ARENA, CHARLES
Address: 1000 VOORHEES DR
City-St-Zip: VOORHEES, NJ 08043

Title: DVP () Delete
Name: OLIVER, THOMAS
Address: 1000 VOORHEES DR
City-St-Zip: VOORHEES, NJ 08043

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DCOO (X) Change () Addition
Name: OLIVER, THOMAS
Address: 1000 VOORHEES DR
City-St-Zip: VOORHEES, NJ 08043

Title: ST () Change (X) Addition
Name: RUGGIERI, ANDREW
Address: 1000 VOORHEES DR
City-St-Zip: VOORHEES, NJ 08043

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: TOM OLIVER

Electronic Signature of Signing Officer or Director

DCOO

01/17/2006

Date