

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005199

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: UNITED MORTGAGE CORPORATION OF AMERICA

## Current Principal Place of Business:

328 N. OLYMPIC AVENUE  
ARLINGTON, WA 98223

## New Principal Place of Business:

## Current Mailing Address:

328 N. OLYMPIC AVENUE  
ARLINGTON, WA 98223

## New Mailing Address:

FEI Number: 91-1676322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.  
2331 HANSEN PLACE  
TALLAHASSEE, FL 32301      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: PT ( ) Delete  
Name: LESLER, DONNA L  
Address: 18916 98TH AVE. NW  
City-St-Zip: STANWOOD, WA 98292

Title: VP ( ) Delete  
Name: LEGLER, GARY F  
Address: 18916 98TH AVE. NW  
City-St-Zip: STANWOOD, WA 98292

Title: S ( ) Delete  
Name: MILLER, APRIL E  
Address: 937 E 3900 NORTH  
City-St-Zip: BUHL, ID 83316

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: LEGLER, DONNA L  
Address: 920 ROBERTSON STREET  
City-St-Zip: BUHL, ID 83316

Title: VP (X) Change ( ) Addition  
Name: LEGLER, GARY F  
Address: 920 ROBERTSON STREET  
City-St-Zip: BUHL, WA 83316

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

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: TRACY LEGLER

A

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date