

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005643

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: FIRST FIDELITY MORTGAGE GROUP LTD. INC.

## Current Principal Place of Business:

201 OLD COUNTRY RD  
302  
MELVILLE, NY 11747

## New Principal Place of Business:

## Current Mailing Address:

201 OLD COUNTRY RD  
STE 302  
MELVILLE, NY 11747

## New Mailing Address:

FEI Number: 11-3595375      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: SVP ( ) Delete  
Name: KAPLAN, BART  
Address: 110 LINDEN LANE  
City-St-Zip: UPPER BROOKVILLE, NY 11545 US

Title: PRES ( ) Delete  
Name: LAGREGA, FRANK  
Address: 8 AZALEA CT  
City-St-Zip: MILLER PLACE, NY 11764

Title: CFO ( ) Delete  
Name: SALTI, ADAM B  
Address: 98 WILMINGTON DR  
City-St-Zip: MELVILLE, NY 11747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change ( ) Addition  
Name: LAGREGA, FRANK  
Address: 4 FOX POINT DR  
City-St-Zip: NISSEQUOGUE, NY 11780

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: ADAM SALTI

EVP

01/06/2007

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

\_\_\_\_\_  
Date