## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000001795

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33609

PETERSEN, RANDALL

PENSACOLA, FL 32514

(X) Delete

8800 UNIVERSITY PARKWAY, SUITE B-6

Entity Name: EQUITY LEADERSHIP MORTGAGE GROUP, INC

FILED Apr 03, 2006 Secretary of State

Littly Nai	ile. EQUITE	LADERSHIP WORTGAGE GR	COP, INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
4890 W KE SUITE 220 TAMPA, FI							
Current Mailing Address:			New Maili	New Mailing Address:			
4890 W KE SUITE 220 TAMPA, FI							
FEI Number:	47-0885612	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 220 TAMPA, FI The above	ENNEDY BLVD I L 33609 US	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,		
SIGNATUR	RE:						
	Electroni	c Signature of Registered Age	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SORENSON, CR	R RD. SUITE 602	Title: Name: Address: City-St-Zip:	SORENSON,	RE PARKWAY, SUITE 100		
Title: Name: Address: City-St-Zip:	S () FIREBAUGH, LA 3033 S. PARKEI AURORA, CO 8	R RD #602	Title: Name: Address: City-St-Zip:	GRAHAM, MA	NEDY BLVD, SUITE 220		
Title: Name: Address:	C () GRAHAM, MARK 4890 W KENNEI		Title: Name: Address:	PETERSEN, I	X) Change()Addition RANDALL SITY PARKWAY, SUITE B-6		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PENSACOLA, FL 32514

() Change () Addition

SIGNATURE: MARK F GRAHAM CEO 04/03/2006