

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000549

1. Entity Name

AGGRESSIVE MORTGAGE CORP.



FILED Jul 10, 2006 08:00 AN Secretary of State

Fee Required

Principal Place of Business

Mailing Address

6802 PARASON PLACE, STE 103 RICHMOND, VA 23230 6802 PARASON PLACE, STE 103 RICHMOND, VA 23230



DO NOT WRITE IN THIS SPACE

07032006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 31-1486771
 Not Applicable

 5. Certificate of Status Desired
 \$8.75 Additional

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVE. SUITE 1200

DO NOT WRITE
IN THIS SPACE

ORLANDO, FL 32801-4904			IN THIS SPACE	
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE: Registerer	Agent signature required when reinstating)	DATE
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	9. മയായോധാര മാത്രാത്താ വാവതാത്തെ വാത്താത്താ	□ \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS	The second of the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWN, WILLIAM A 6802 PARASON PLACE, STE 103 RICHMOND, VA 23230			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, BILL 6802 PARASON PLACE, STE 103 RICHMOND, VA 23230		· · · · · · · · · · · · · · · · · · ·	U00000568864 07/11/06-80001-021 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

76/2/06 (8.4/673-880)

Daytime Phone #