

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001460

FILED
Jan 10, 2006
Secretary of State

Entity Name: BLACK RIVER MORTGAGE COMPANY, INC.

Current Principal Place of Business:

415 ROUT 24
CHESTER, NJ 07930

New Principal Place of Business:

415 ROUTE 24
CHESTER, NJ 07930

Current Mailing Address:

415 ROUT 24
CHESTER, NJ 07930

New Mailing Address:

415 ROUTE 24
CHESTER, NJ 07930

FEI Number: 22-3634576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STYERS, JESSICA ANN
3118 SEA MARSH ROAD
AMELIA ISLAND, FL 32034 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: CP () Delete
Name: DAVIS, ROBERT L
Address: 4 SWAYZE LANE
City-St-Zip: CHESTER, NJ 07930

Title: VST () Delete
Name: DAVIS, MANY LOUISE
Address: 4 SWAYZE LANE
City-St-Zip: CHESTER, NJ 07930

Title: V () Delete
Name: LEARY, GERARD
Address: 152 SANDFORD AVE.
City-St-Zip: NORTH PLAINFIELD, NJ 07060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VST (X) Change () Addition
Name: DAVIS, MARY LOUISE
Address: 4 SWAYZE LANE
City-St-Zip: CHESTER, NJ 07930

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: ROBERT L. DAVIS

CP

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date