2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000002164		-		,	
1. Entity Name CAPITAL QUEST MORTGAGE, INC.					
Principal Place of Business Mailing Address 3905 NATIONAL DRIVE, SUITE 270 3905 NATIONAL DRIVE, SUITE BURTONSVILLE, MD 20866 BURTONSVILLE, MD 20866	IAL DRIVE, SUITE 270 3905 NATIONAL DRIVE, SUITE 270		U00000393925 01/25/06-80040-023 150.00		
(Variable Control of					
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent		01182006	No Chg-P CR	2E034 (11/05)	
		4. FE! Number 54-192203	37	Applied For Not Applicable	
		5. Certificate of St	tatus Desired	\$8.75 Additional Fee Required	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			OT WRI		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE	d Agent signature required	when reinstating)	DA	NTE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		_	
10. OFFICERS AND DIRECTORS		The state of the s	THE PERSON OF THE	The state of the s	
NAME STACY STREET ADDRESS CITY-ST-ZIP BURTONSVILLE, MD 20866					
TITLE MAME STREET ADDRESS CITY-ST-ZIP				<u>. 1995</u> .4	
TITLE NAME STREET ADDRESS CITY-ST-ZUP		DO N	OT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	iis spac)E	
YITLE NAIME STREET ADDRESS CITY-ST-ZUP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR					
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