


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005504		
1. Entity Name FIRST TRUST MORTGAGE LENDING CORPORATION		
Principal Place of Business 1961 SHENANGO VALLEY FWY. HERMITAGE, PA 16148	Mailing Address 1961 SHENANGO VALLEY FWY. HERMITAGE, PA 16148	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STRICKLAND, KATRINA 2161 HWY. 540 LAKELAND, FL 33813		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000419212 02/14/06-80038-011 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRIS, JEANICE L 147 FERRIS ROAD NEW WILMINGTON, PA 16142	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC ZOLNIER, JEFFREY D 69 S. OAKLAND AVENUE SHARON, PA 16146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST FRAZER, MELINDA S 45 FLOWERS AVENUE SHARON, PA 16146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Jeanice Ferris</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>1/05/06</u> <u>724-983-4778</u> Date Daytime Phone #