

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005725

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: PREMIER MORTGAGE CAPITAL, INC.

## Current Principal Place of Business:

3939 UNIVERSITY DRIVE  
FAIRFAX, VA 22030

## New Principal Place of Business:

## Current Mailing Address:

3939 UNIVERSITY DRIVE  
FAIRFAX, VA 22030

## New Mailing Address:

1675 S. STATE STREET  
DOVER, DE 19901

FEI Number: 20-2592077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: CPS ( ) Delete  
Name: GHANAYEM, JOHN J  
Address: 3939 UNIVERSITY DRIVE  
City-St-Zip: FAIRFAX, VA 22030

Title: VC ( ) Delete  
Name: FINK, ALEXANDER M  
Address: 3939 UNIVERSITY DRIVE  
City-St-Zip: FAIRFAX, VA 22030

Title: T ( ) Delete  
Name: BENNETT, STEVEN L  
Address: 3939 UNIVERSITY DRIVE  
City-St-Zip: FAIRFAX, VA 22030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN J. GHANAYEM

CPS

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date