

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005861

Entity Name: MIRAGE MORTGAGE, INC.

FILED  
Jul 05, 2006  
Secretary of State

## Current Principal Place of Business:

159 BURRILL STREET  
SWAMPSCOTT, MA 01907

## New Principal Place of Business:

270 UNION STREET SUITE 204  
LYNN, MA 01901

## Current Mailing Address:

159 BURRILL STREET  
SWAMPSCOTT, MA 01907

## New Mailing Address:

270 UNION ST SUITE 204  
LYNN, MA 01901

FEI Number: 52-2386543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT JOSEPH MIGONE M.D.  
195 CENTER RD  
VENICE, FL 34285 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: PCVS ( ) Delete  
Name: MIGNONE, PAUL J  
Address: 864 HUMPHREY STREEET  
City-St-Zip: SWAMPSCOTT, MA 01907

Title: T ( ) Delete  
Name: MIGNONE, PAUL J  
Address: 864 HUMPHREY STREEET  
City-St-Zip: SWAMPSCOTT, MA 01907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change ( ) Addition  
Name: MIGNONE, PAUL J  
Address: 864 HUMPHREY STREEET  
City-St-Zip: SWAMPSCOTT, MA 01907

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: PAUL J. MIGNONE

PRES

07/05/2006

Electronic Signature of Signing Officer or Director

Date