


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90015 014 \*\*\*150.00

|  |   |                     |  |  |  |
|--|---|---------------------|--|--|--|
| <b>DOCUMENT # F05000007156</b><br>1. Entity Name<br><b>METROPOLITAN MORTGAGE BANKERS, INC.</b>   |   |                     |  |   |  |
| Principal Place of Business<br><b>1717 ELTON ROAD #211<br/>SILVER SPRING, MD 20903</b>   |   |                     | Mailing Address<br><b>1717 ELTON ROAD #211<br/>SILVER SPRING, MD 20903</b> |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |  |  |  |
| City & State   |   | City & State        |  |  |  |
| Zip  | Country   | Zip                 | Country  | 4. FEI Number<br><b>52. 2012450</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                     |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 8. Name and Address of Current Registered Agent  |   |                     |  | 7. Name and Address of New Registered Agent  |  |
| <b>MORGAN, BRIAN<br/>1831 N.E. 38TH ST.<br/>FT. LAUDERDALE, FL 33308</b>   |   |                     |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 <u><i>Brian A Morgan</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |                     |  | DATE <u>3-14-06</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |                     |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>GAROFALO, JOHN<br/>1717 ELTON ROAD #211<br/>SILVER SPRING, MD 20903</b> <input type="checkbox"/> Delete      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VT<br/>KEATING, MICHAEL W<br/>1717 ELTON ROAD #211<br/>SILVER SPRING, MD 20903</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>KEATING, RICHARD J<br/>1717 ELTON ROAD #211<br/>SILVER SPRING, MD 20903</b> <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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><i>John Garofalo</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                     |  | DATE <u>3-14-06</u><br><small>Daytime Phone #</small>  |  |

ATTACHMENT



METROPOLITAN MORTGAGE BANKERS, INC.

LENDERS FOR LIFE • WE MAKE IT EASY

40034764  
#F05000007156

March 14, 2006

Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

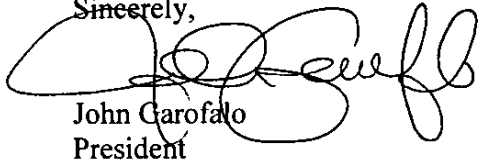
To Whom It May Concern:

Enclosed please find:

- (a) Our 2006 Annual Report
- (b) A check for \$150.00 for a filing fee

Thank you.

Sincerely,



John Garofalo  
President