2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000610

Entity Name: FIRST GREENSBORO HOME EQUITY, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
1801 STANI SUITE #400 GREENSBO		7 US			
Current Mailing Address:			New Mailir	New Mailing Address:	
1801 STANI SUITE #400 GREENSBO		7 US			
FEI Number: 5	56-1669598	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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 Cam	paign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPD () De JORDAN, WEBST 4602 N CARDINAL GREENSBORO, N	ER C JR. L COVE LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De MAULDIN, ROBER 777 GREENHILL F BLOWING ROCK,	RT R RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () De FULLER, LAYNE A 5307 WAYNE ROA GREENSBORO, N	A AD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De COLVARD, BEN H 9530 VALLEY MEI ELLICOTT CITY, M	I DE CT	Title: Name: Address: City-St-Zip:	D (X) Change () Addition COLVARD, BEN H 15116 PLAYERS WAY GLENWOOD, MD 21738	
Title: Name: Address: City-St-Zip:	D () De BRAY, DORIS R 1911 BAYTREE D GREENSBORO, N	R	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () De GARRISON, ROBE 2906 CABARRUS GREENSBORO, N	ERT W DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: LAYNE A FULER SD 04/25/2006