2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005027

FILED Mar 23, 2007 Secretary of State

Entity Nar	me: FAIRFIEL	D FINANCIAL MORTGAGE G	ROUP, INC.				
Current P	rincipal Place	of Business:	New Princip	New Principal Place of Business:			
	AL PLACE /, CT 06810						
Current Mailing Address:			New Mailing	New Mailing Address:			
	AL PLACE /, CT 06810						
FEI Number:	: 06-1497302	FEI Number Applied For()	FEI Number Not Applic	able ()	Certificate of Status	s Desired ()	
Name and	Address of C	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:			
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD					
	named entity e of Florida.	submits this statement for the p	ourpose of changing its	s registered off	ice or registered	agent, or both,	
SIGNATUR							
	Electror	nic Signature of Registered Age	ent	Date			
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CDPT (LEVESQUE, CI 148 NURSERY RIDGEFIELD, (RD.	Name: Address:	PRES (X) C LEVESQUE, CHA 148 NURSERY R RIDGEFIELD, CT	D.		

City-St-Zip: RIDGEFIELD, CT 06877

CDVS () Delete LEVESQUE, LISA A Name: Address: 148 NURSERY RD. RIDGEFIELD, CT 06877 City-St-Zip:

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: CHARLES L. LEVESQUE **PRES** 03/23/2007