2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# F99000005740

Entity Name: IMORTGAGE.COM, INC.

Current Principal Place of Business:

4800 NORTH SCOTTSDALE ROAD
SUITE 3800
SCOTTSDALE, AZ 85251

New Principal Place of Business:

Current Mailing Address:

4800 NORTH SCOTTSDALE ROAD
SUITE 3800
SCOTTSDALE, AZ 85251

New Mailing Address:

FEI Number: 86-0953952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BLOXOM, DEAN S	
Address:	4800 N. SCOTTSDALE RD., STE 3800	
City-St-Zip:	SCOTTSDALE, AZ 85251 US	
Title:	VSTD	( ) Delete
Name:	JOHNSON, JAY D	
Address:	4800 N. SCOTTSDALE RD., STE 3800	
City-St-Zip:	SCOTTSDALE, AZ 85251 US	
Title:	D	( ) Delete
Name:	WIEGER, GARTH R	
Address:	6808 N. 48TH ST.	
City-St-Zip:	PARADISE VALLEY, AZ 85253 US	
Title:	D	( ) Delete
Name:	MOZILO, RALPH S	
Address:	41201 N SCHOOLHOUSE RD	
City-St-Zip:	CAVE CREEK, AZ 85331	
Title:	D	(X) Delete
Name:	WADE, KATHLEEEN R	
Address:	5320 E SAGUARO PLACE	
City-St-Zip:	PARADISE VALLEY, AZ 85253 US	
Title:	D	( ) Delete
Name:	FARLEY, JAMES	
Address:	3622 EAST MARLETE AVENUE	
City-St-Zip:	PARADISE VALLEY, AZ 85253	

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:	
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: DEAN BLOXOM PD 05/01/2006

Electronic Signature of Signing Officer or Director — Date