


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G42246
 1. Entity Name
STREAMLINE MORTGAGE COMPANY, INC.



Principal Place of Business 1140 W 50TH ST. SUITE 307 HIALEAH, FL 33012	Mailing Address 1140 W 50TH ST. SUITE 307 HIALEAH, FL 33012
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2627955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESTEVAN, ERNESTO O.
 1140 W 50TH ST. SUITE 307
 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	ESTEVAN, ERNESTO O.
STREET ADDRESS	1140 W. 50 ST. #307
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	P
NAME	ESTEVAN, JOSEFA M
STREET ADDRESS	1140 W 50TH ST #307
CITY-ST-ZIP	HAILEAH, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/12/06-80030-003 150.00

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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: Josefa M. Estevan Josefa M. Estevan 1/10/06 305-557-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #