

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07927

FILED
Jan 18, 2006
Secretary of State

Entity Name: FIRST ATLANTIC MORTGAGE CORPORATION

Current Principal Place of Business:

2646 SW MAPP ROAD
SUITE 101
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 820255
SOUTH FLORIDA, FL 330820255 US

New Mailing Address:

FEI Number: 59-2420714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAO, MATILDE M
20211 SW 49TH COURT
SOUTHWEST RANCHES, FL 333321074 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: BERG, ROBERT J
Address: 1614 SW SAINT ANDREWS DR
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: TRENEER, JUDITH A
Address: 8904 SW GALARDIA COURT
City-St-Zip: STUART, FL 34997

Title: DV () Delete
Name: CHAO, MATILDE M
Address: 20211 SW 49 CT
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: V () Delete
Name: CARRIER, LINDA
Address: 1678 SW 31 TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: CHAO, MARIA DEL CARM
Address: 3262 WEST 78TH STREET
City-St-Zip: HIALEAH, FL 33018

Title: AS () Delete
Name: MARTINEZ, ELIZABETH ANNE
Address: 4191 SW BIMINI CIRCLE NORTH
City-St-Zip: PALM CITY, FL 34990

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:
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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: MATILDE M. CHAO

DV

01/18/2006

Electronic Signature of Signing Officer or Director

Date