2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J39064

1. Entity Name
CELTIC MORTGAGE, INC.

Principal Place of Business	Mailing Address
721 US HWY 1 STE 205	721 US HWY 1 STE 205
NORTH PALM BEACH, FL 33408 US	NORTH PALM BEACH, FL 33408 US

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2748075	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACKLIN, KEVIN
721 US HWY 1 STE 205
NORTH PALM BEACH, FL 33408

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 _Kevin Mackl - Kevin Macklin_   _1-20-06_

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

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	P
NAME	MACKLIN, KEVIN
STREET ADDRESS	721 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	S
NAME	MACKLIN, GAY
STREET ADDRESS	721 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _Kevin Mackl Kevin Macklin_   _1-20-06_   561-841-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #