


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90044 008 ***150.00

DOCUMENT # J39064	
1. Entity Name CELTIC MORTGAGE, INC.	

Principal Place of Business 721 US HWY 1 STE 205 NORTH PALM BEACH, FL 33408 US	Mailing Address 721 US HWY 1 STE 205 NORTH PALM BEACH, FL 33408 US
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2. Principal Place of Business - No P.O. Box # 4425 Military Trail	3. Mailing Address 4425 Military Trail
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State Jupiter FL	City & State Jupiter, FL
Zip 33458	Country USA



01222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2748075		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 Macklin* DATE 1-23-07

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKLIN, KEVIN 721 US HWY ONE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4425 military Trail #205 Jupiter, FL 33458
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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: *Kevin Macklin* DATE 1-23-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR