


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90037 005 ***150.00

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

Principal Place of Business 4425 MILITARY TRAIL 205 JUPITER, FL 33458 US	Mailing Address 4425 MILITARY TRAIL JUPITER, FL 33458 US
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2748075	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	
MACKLIN, KEVIN 721 US HWY 1 STE 205 NORTH PALM BEACH, FL 33408 4425 Military Trail Ste 205 Jupiter FL 33458	Home: 148 Santitaso Jupiter FL 33458

**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 _____
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, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKLIN, KEVIN 4425 MILITARY TRAIL # 205 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACKLIN, GAY 4425 MILITARY TRAIL # 205 JUPITER, FL 33458
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 3/11/08 561-3104386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #