

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90015 026 \*\*\*150.00

<b>DOCUMENT # J86022</b> 1. Entity Name <b>TRUST AMERICA MORTGAGE, INC.</b>			
Principal Place of Business <b>2503 DEL PRADO BLVD., S., #505 CAPE CORAL, FL 33904-5791</b>		Mailing Address <b>2503 DEL PRADO BLVD., S., #505 1318 LAFAYETTE STREET CAPE CORAL, FL 33904-5791</b>	
2. Principal Place of Business <b>6309 CORPORATE COURT</b> Suite, Apt. #, etc. <b># 100</b> City & State <b>FT. MYERS, FL</b> Zip <b>33919</b> Country <b>USA</b>		3. Mailing Address <b>6309 CORPORATE COURT</b> Suite, Apt. #, etc. <b>#100</b> City & State <b>FT. MYERS, FL</b> Zip <b>33919</b> Country <b>USA</b>	
4. FEI Number <b>59-2832723</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>POPE, CLAIRE W 555 GAS PAR DR. PLACIDA, FL 34446</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>Claire Pope</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD</b> <b>POPE, CLAIRE W</b> <b>555 GASPAR DRIVE</b> <b>PLACIDA, FL 34946</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD</b> <b>POPE, RODNEY B</b> <b>555 GASPAR DRIVE</b> <b>PLACIDA, FL 34946</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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: <u><i>Claire Pope</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/06 Date	
239-465-7800 Daytime Phone #			



ATTACHMENT

66005861

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

TRUST AMERICA MORTGAGE, INC.  
6309 CORPORATE CT  
SUITE 100  
FORT MYERS, FL 33919

Subject: TRUST AMERICA MORTGAGE, INC.

Reference Number: J86022

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION