2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# K85921

Entity Name: THOMAS MORTGAGE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

% PEGGY A. THOMAS
1180 SPRING CENTRE SOUTH #223
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

% PEGGY A. THOMAS
1180 SPRING CENTRE SOUTH #223
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2946059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, PEGGY A.
304 PARTRIDGE LANE
LONGWOOD, FL 32779 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: PST ( ) Delete
Name: THOMAS, PEGGY A.,
Address: 304 PARTRIDGE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: PRES ( ) Delete
Name: THOMAS, PEGGY A.,
Address: 304 PARTRIDGE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: EXVP ( ) Delete
Name: CARLTON, MICHAEL H
Address: 171 COLUMBUS CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: SVP ( ) Delete
Name: PRICE, MICHAEL J
Address: 34448 WINDLEY CIRCLE
City-St-Zip: EUSTIS, FL 32736

Title: VP ( ) Delete
Name: SUAREZ, JR., GERRY
Address: 207 SUNRISE LANE
City-St-Zip: EUSTIS, FL 32746

Title: VP (X) Delete
Name: SZLACHETKA, JAMES
Address: 306 PARTRIDGE LANE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: THOMAS, PEGGY A.,
Address: 304 PARTRIDGE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEVP (X) Change ( ) Addition
Name: CARLTON, MICHAEL H
Address: 171 COLUMBUS CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition
Name:
Address:
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: PEGGY A. THOMAS PRES 01/17/2006
Electronic Signature of Signing Officer or Director Date