## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000031958

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PEMBROKE PINES, FL 33027

MIAMI SHORES, FL 33138

KLUCK, CHARLES

9701 NE 5TH AVE

() Delete

FILED Jan 22, 2006 Secretary of State

Entity Nai	me: VALUE F	INANCIA	L MORTGAGE SERV	ICES, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
3459 NE 163RD STREET NORTH MIAMI BEACH, FL 33160				660 NW 1 MIAMI, FL	116TH STRE - 33168	ET		
Current Mailing Address:				New Mailing Address:				
	14TH STREE (E PINES, FL							
FEI Number:	65-0999033	FEI Nur	nber Applied For()	FEI Number Not Ap	plicable ( )	Certificate of Status I	Desired (X)	
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:			
	ELSON 14TH STREE (E PINES, FL		US					
	named entity: e of Florida.	submits t	his statement for the p	urpose of changing	its registere	d office or registered aલ	gent, or both,	
SIGNATU	RE:							
	Electror	nic Signat	ure of Registered Age	nt		Date	_	
Election Car	npaign Financin	g Trust Fu	nd Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DPST ( KLUCK, LINDA 801 NE 76TH S MIAMI, FL 331	T		Title: Name: Address: City-St-Zip:	DPS KLUCK, LIN 801 NE 76T MIAMI, FL	H ST		
Title: Name: Address: City-St-Zip:	DV ( TUKEY, HAROI 12555 BISCAY MIAMI, FL 331	NE BLVD		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address:	DCEO ( LOCKE, NELSO 15921 SW 14T			Title: Name:	DCT LOCKE, NE	(X) Change ( ) Addition LSON A		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PEMBROKE PINES, FL 33027

() Change () Addition

SIGNATURE: NELSON LOCKE DCT 01/22/2006