

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90120 004 ***158.75

DOCUMENT # P00000063543					
1. Entity Name PERFORMANCE MORTGAGE INC.					
Principal Place of Business 441-W DEARBORN STREET ENGLEWOOD, FL 34223			Mailing Address 1151 LARCHMONT DRIVE ENGLEWOOD, FL 34223		
2. Principal Place of Business		3. Mailing Address 441 West Dearborn St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Englewood, FL			
Zip	Country	Zip 34223	Country USA	4. FEI Number 59-3655266	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, STEPHEN L 441-W DEARBORN STREET ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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		Stephen L. Lee, Pres.		March 22, 2006	
(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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVP	NAME LEE, STEPHEN		<input type="checkbox"/> Delete		
STREET ADDRESS 1151 LARCHMONT DRIVE	ENGLEWOOD, FL 34223		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE ST	NAME LEE, STEPHEN		<input type="checkbox"/> Delete		
STREET ADDRESS 1151 LARCHMONT DRIVE	ENGLEWOOD, FL 34223		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
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		Stephen L. Lee, Pres/ Mar.22, 2006 (941)473-7790			
(Signature and typed or printed name of signing officer or director)		Date Daytime Phone #			