## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000068145

1901 WINNEBAGO COURT

FERN PARK, FL 32730

Address: City-St-Zip:

Entity Name: GREAT LOANS MORTGAGE FUNDING INC.

FILED Aug 15, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 777 E. HWY. 436 130 WEST PINE AVENUE SUITE 201 LONGWOOD, FL 32750 ALTAMONTE SPRINGS, FL 32701 **New Mailing Address: Current Mailing Address:** 777 E. HWY. 436 130 WEST PINE AVENUE SUITE 201 LONGWOOD, FL 32750 ALTAMONTE SPRINGS, FL 32701 FEI Number: 59-3658510 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FINCH, EDWARD J FINCH, EDWARD J 777 EAST HWY 436 ST E201 130 WEST PINE AVENUE ALTAMONTE SPRINGS, FL 32701 US LONGWOOD, FL 32750 US 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: 08/15/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FINCH, EDWARD J Name: Name: 361 KANTOR BLVD. Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: Title: () Delete () Change () Addition MAYNARD, LEE P Name: Name: 1710 RIVEREDGE ROAD Address: Address: OVIEDO, FL 32766 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition TUCKER, SEAN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LEE MAYNARD PRES 08/15/2006