

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081357

FILED
May 02, 2006
Secretary of State

Entity Name: ISLAND CAPITAL MORTGAGE, INC.

Current Principal Place of Business:

44 COCOANUT ROW
SUITE M207
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

44 COCOANUT ROW
SUITE M207
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-1037376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCHMAIER, MERRILL
44 COCOANUT ROW
SUITE M207
PALM BEACH, FL 33480 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: LOCHMAIER, MERRILL
Address: 5175 S HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T () Delete
Name: LOCHMAIER, MERRILL
Address: 5175 S HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRD () Delete
Name: WILLIAMS, SYLVIA
Address: 8332 FRESH CREEK
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOCHMAIER, MERRILL
Address: 5175 S HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

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: MERRILL LOCHMAIER

PD

05/02/2006

Electronic Signature of Signing Officer or Director

Date