

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90171 050 ***150.00

DOCUMENT # P00000089529 1. Entity Name CITIZENS MORTGAGE FUNDING GROUP, INC.					
Principal Place of Business 5700 MEMORIAL HWY., 224 TAMPA, FL 33615 US			Mailing Address 5700 MEMORIAL HWY., #224 TAMPA, FL 33615		
2. Principal Place of Business 18223 Winding OAKS Blvd		3. Mailing Address 18223 Winding OAKS			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hudson FL		City & State Hudson FL		4. FEI Number 59-3669293	
Zip 34667		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34667		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAIN, ANITA D 5700 MEMORIAL HWY., #224 TAMPA, FL 33615			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18223 Winding OAKS Blvd City Hudson FL Zip 34667		
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: <u>Anita D Lain</u> president DATE: <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	D LAIN, ANITA D <input type="checkbox"/> Delete 5700 MEMORIAL HWY., #224 TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18223 Winding OAKS Blvd Hudson FL 34667	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Anita D Lain</u> ANITA D LAIN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/26/06</u> Daytime Phone #: <u>727-692-0360</u>		