

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037173

Entity Name: A-1 MORTGAGE, INC.

FILED  
Jan 26, 2006  
Secretary of State

**Current Principal Place of Business:**

2250 U.S. HWY 19  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**  
3153 LAKE PINE WAY  
H1  
TARPO SPRINGS, FL 34689

**New Mailing Address:**  
1520 AMARYLLIS CT  
TRINITY, FL 34655

FEI Number: 59-3709949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMPBELL, ELIZABETH  
2250 U.S. HWY 19  
HOLIDAY, FL 34691 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAMPBELL, ELIZABETH  
Address: 3153 LAKE PINE WAY  
City-St-Zip: TARPO SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CAMPBELL, ELIZABETH  
Address: 1520 AMARYLLIS CT  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH CAMPBELL

P

01/26/2006

Electronic Signature of Signing Officer or Director

Date