

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109401

Entity Name: EMORTGAGEDEN INC.

FILED  
Apr 21, 2006  
Secretary of State

## Current Principal Place of Business:

6600 TAFT ST  
STE 304  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 69-5232  
MIAMI, FL 33269

## New Mailing Address:

FEI Number: 01-0551244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KINLOCK, DUDLEY E  
PO BOX 695232  
MIAMI, FL 33269 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: CEO ( ) Delete  
Name: KINLOCK, DUDLEY  
Address: 11390 NW 6 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: VP ( ) Delete  
Name: MURRAY, ANDREA V  
Address: 11390 NW 6 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: DIR ( ) Delete  
Name: KINLOCK, EDEN M  
Address: 11390 NW 6 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: DIR ( ) Delete  
Name: KINLOCK, DUDLEY  
Address: 11390 NW 6 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: SEC ( ) Delete  
Name: KINLOCK, DUDLEY  
Address: 11390 NW 6 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: TRE ( ) Delete  
Name: MURRAY, ANDREA V  
Address: 11390 NW 6 STREET  
City-St-Zip: PLANTATION, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANDREA MURRAY

VP

04/21/2006

Electronic Signature of Signing Officer or Director

Date