

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047813

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: ESTABLISHED MORTGAGE PROFESSIONALS, INC.

**Current Principal Place of Business:**

600 BYPASS DRIVE  
SUITE 116  
CLEARWATER, FL 33764

**New Principal Place of Business:**

2596 NURSERY ROAD  
CLEARWATER, FL 33764

**Current Mailing Address:**

600 BYPASS DRIVE  
SUITE 116  
CLEARWATER, FL 33764

**New Mailing Address:**

2596 NURSERY ROAD  
CLEARWATER, FL 33764

FEI Number: 04-3659531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPAGNOLI, NICHOLAS F PRESIDE  
600 BYPASS DRIVE,  
SUITE 116  
CLEARWATER, FL 33764 US

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

CAMPAGNOLI, NICHOLAS F PRESIDE  
2596 NURSERY ROAD  
CLEARWATER, FL 33764 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: \_\_\_\_\_

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CAMPAGNOLI, NICHALAS F  
Address: 15106 ARBOR HOLLOW DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: VTD ( ) Delete  
Name: SAKADALES, JULIA R  
Address: 2109 SANDPIPER POINTE CT  
City-St-Zip: TARPON SPRINGS, FL 34689

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

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: NICHOLAS F. CAMPAGNOLI

PSD

01/05/2006

Electronic Signature of Signing Officer or Director

Date