


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 027 ***150.00

DOCUMENT # P02000050606 1. Entity Name A-1 MORTGAGE PROFESSIONALS, INC.					
Principal Place of Business 1253 HWY A1A SATELLITE BEACH, FL 32937			Mailing Address 1253 HWY A1A SATELLITE BEACH, FL 32937		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1004368	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMURROUGH, MICHAEL J 1253 HWY A1A SATELLITE BEACH, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <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 <input type="checkbox"/> Delete MCMURROUGH, MICHAEL J 546 BISCAYNE DR. INDIAN HARBOUR BCH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCMURROUGH, DARINA J 546 BISCAYNE DR. INDIAN HARBOUR BCH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Michael J. McMurrough</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/27/06</i> <i>321-777-0684</i> <small>Date Daytime Phone #</small>		

40078040



04262006 Chg-P CR2E034 (11/05)

4. FEI Number
33-1004368

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCMURROUGH, MICHAEL J
1253 HWY A1A
SATELLITE BEACH, FL 32937**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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NAME
STREET ADDRESS
CITY-ST-ZIP
 D ☐ Delete
**MCMURROUGH, MICHAEL J
546 BISCAYNE DR.
INDIAN HARBOUR BCH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 D ☐ Delete
**MCMURROUGH, DARINA J
546 BISCAYNE DR.
INDIAN HARBOUR BCH, FL 32937**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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SIGNATURE: *Michael J. McMurrough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/27/06* *321-777-0684*
Date Daytime Phone #