
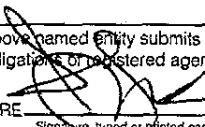



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000092934		
1. Entity Name SRC MORTGAGE, INC.		
Principal Place of Business 2182 SHADYHILL TERRACE WINTER PARK, FL 32792 US		Mailing Address 2182 SHADYHILL TERRACE WINTER PARK, FL 32792 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MALEKNIA, IRAJ 2182 SHADYHILL TERRACE WINTER PARK, FL 32792		
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 the registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (DATE 4/20/06)		
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		
TITLE	P	
NAME	MALEKNIA, IRAJ	
STREET ADDRESS	2182 SHADYHILL TERRACE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	VP	
NAME	MALEKNIA, CHERYL	
STREET ADDRESS	2182 SHADYHILL TERRACE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  (NOTE: Registered Agent signature required when reinstating) Signature and typed or printed name of signing officer or director (DATE 4/20/06)		



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0639905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

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05/04/06-80100-011 150.00

**DO NOT WRITE
IN THIS SPACE**