## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AN Secretary of State

1. Entity Name
TRUST HOUSE MORTGAGE, INC.



Principal Place of Business

Mailing Address

4901 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE, FL 33308 4901 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE, FL 33308



01122008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0211438 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT	WRITE	IN THIS	SPACE
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6. Name and Address of Gurrent Registered Agent

WEST, RAY B 4901 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

		}			
8. The above the obligate	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE_	Signature, typed or printed name of registered agent and title	# applicable. (NOTE: Registered	Igent signatur	e required when reinstating)	CATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	ing 🗆	\$5.00 May Ba Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<del></del>	
tire Name Street address Cny-St-Znp	CD WEST, RAY B 4901 NORTH FEDERAL HIGHWAY #: FORT LAUDERDALE, FL 33308	300			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WEST, ROBERT E 4901 NORTH FEDERAL HIGHWAY # FORT LAUDERDALE, FL 33308	300			0000000420373 02715706-80052-022 158,75 ::
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTERO, AL 4901 NORTH FEDERAL HIGHWAY # FORT LAUDERDALE, FL 33308	300	DO NOT WRITE		
tyfle name street address city-st-zip			IN THIS SPACE		
title name street address city-st-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. It 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 direction of the corporation or the receiver or in stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 Date Dayline

Daytime Phone #