2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000098716

Entity Name: SEG MORTGAGE SOLUTIONS INC.

FILED Aug 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8200 NW 27TH ST SUITE 112 DORAL, FL 33122

Current Mailing Address: New Mailing Address:

8200 NW 27TH ST SUITE 112 DORAL, FL 33122

FEI Number: 20-0208210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GIL, SIMON E LLAURADO, RAMON 8200 NW 27TH ST 10540 NW 26TH ST 103 DORAL, FL 33122 US DORAL, FL 33122 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: RAMON LLAURADO 08/28/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GIL, SIMON E Name: Name: ARMAS, KRIS

8200 NW 27TH ST SUITE 112 9030 SW 125TH AVENUE, APT E-108 Address: Address:

City-St-Zip: DORAL, FL 33122 City-St-Zip: MIAMI, FL 33186

Title: Title: CEO () Delete CEO (X) Change () Addition

GIL, SIMON E Name: Name: ARMAS, KRIS

8200 NW 27TH ST SUITE 112 9030 SW 125TH AVE. APT. E 108 Address: Address: MIAMI, FL 33186

DORAL, FL 33122 City-St-Zip: City-St-Zip:

Title: Title: () Delete ST (X) Change () Addition

GIL, SIMON E Name: ARMAS, KRIS Name:

8200 NW 27TH ST SUITE 112 9030 SW 125TH AVE. APT E 108 Address: Address:

City-St-Zip: DORAL, FL 33122 City-St-Zip: MIAMI, FL 33186

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: KRIS ARMAS D 08/28/2006