


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90166 011 \*\*\*158.75

<b>DOCUMENT # P03000111362</b> 1. Entity Name <b>INTERFUND MORTGAGE CORP.</b>			
Principal Place of Business <b>7100 W. COMINO REAL, STE 402 BOCA RATON FL 33433</b>		Mailing Address <b>7100 W. COMINO REAL, STE 402 SUITE 410 BOCA RATON FL 33433</b>	
2. Principal Place of Business <b>6600 W. ROGERS CIRCLE</b> Suite, Apt. #, etc. <b>SUITE # 14</b> City & State <b>BOCA RATON FL</b> Zip <b>33487</b>		3. Mailing Address <b>6600 W. ROGERS CIRCLE</b> Suite, Apt. #, etc. <b>SUITE # 14</b> City & State <b>BOCA RATON FL</b> Zip <b>33487</b>	
6. Name and Address of Current Registered Agent <b>BLOOM, ASHLEY C/O INTERFUND MTG CORP 7100 W CAMINO REAL BLVD. #402 BOCA RATON FL 33434</b>		7. Name and Address of New Registered Agent Name <b>BLOOM, ASHLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6600 W. ROGERS CIRCLE SUITE # 14</b> City <b>BOCA RATON FL</b> Zip Code <b>33487</b>	
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 <u><i>Ashley Bloom</i></u> <b>ASHLEY BLOOM</b> DATE <b>04/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLOOM, ASHLEY</b> <b>7100 W. COMINO REAL, STE 402</b> <b>BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLOOM, ASHLEY</b> <b>6600 W. ROGERS CIRCLE SUITE # 14</b> <b>BOCA RATON FL 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TODD, MICHAEL G</b> <b>25550 HAWTHORNE BLVD., STE 207</b> <b>BOCA RATON FL 33432</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LE GAULT, DONALD R</b> <b>7100 W. COMINO REAL, STE 402</b> <b>BOCA RATON FL 33433</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SCHREIBER, MONICA</b> <b>7100 W. COMINO REAL, STE 402</b> <b>BOCA RATON FL 33433</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLOOM, HOWARD</b> <b>6600 W. ROGERS CIRCLE, SUITE # 14</b> <b>BOCA RATON FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
<b>SIGNATURE:</b> <u><i>Ashley Bloom</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/24/06</b> Daytime Phone # <b>(561) 417-7115</b>	