2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000098343

1. Entity Name
ADA MORTGAGES, INC.

Principal Place of Business	Mailing Address
1975 SANSBURY WAY	1975 SANSBURY WAY
SUITE 115	SUITE 115
WEST PALM BEACH, FL 33411	WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

01302006   No Chg-P   CR2E034 (11/05)

4. FEI Number
54-2149055
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACOSTA, ISABEL PETRA
405 LAKEVIEW DR
ROYAL PALM BEACH, FL 33411

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

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

TITLE	CEO
NAME	ACOSTA, ISABEL PETRA
STREET ADDRESS	405 LAKEVIEW DR
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/13/06-80060-014 150.00

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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: _____   1/30/06   (SOI) 256-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #