


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90041 041 \*\*\*150.00

<b>DOCUMENT # P04000115156</b>	
1. Entity Name H2 MORTGAGE INVESTORS, INC.	

Principal Place of Business 2550 NW 72ND AVENUE SUITE 209 MIAMI, FL 33122	Mailing Address 2550 NW 72ND AVENUE SUITE 209 MIAMI, FL 33122
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**50003884**



2. Principal Place of Business 2550 NW 72 Ave.	3. Mailing Address 2550 NW 72 Ave.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100

03172006 Chg-P CR2E034 (11/05)

City & State Miami Florida	City & State Miami Florida
Zip 33122	Zip 33122
Country USA	Country USA

4. FEI Number 20-1465646	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CHAN, MARIA F 7502 SW 135TH PLACE MIAMI, FL 33183	
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7. Name and Address of New Registered Agent	
Name MARIA F. CHAN	
Street Address (P.O. Box Number is Not Acceptable) 2550 NW 72 AVENUE	
Suite Suite 100	
City MIAMI	FL Zip Code 33122

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 <i>Maria F. Chan</i>	DATE 3/17/06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSIO, FRANCISCO J 13236 NW 4TH TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAN, MARIA F 7502 SW 135TH PLACE MIAMI, FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.	
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SIGNATURE <i>Maria F. Chan</i>	DATE 3/17/06	DAYTIME PHONE # 305-436-5391
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