

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123519

FILED
Feb 02, 2006
Secretary of State

Entity Name: KMC MORTGAGE CORPORATION OF FLORIDA

Current Principal Place of Business:

633 NE 167 STREET
901
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

633 NE 167 STREET
901
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 26-0093930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORESTE, KARL S SR
633 NE 167 ST
901
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORESTE, KARL S
Address: 633 NE 167 ST SUITE 901
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP () Delete
Name: POITEVIEN, HARRY
Address: 1250 NW 126 ST
City-St-Zip: MIAMI, FL 33168

Title: SECR () Delete
Name: LAFRANCE, CARL
Address: 17601 NE 5 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP () Delete
Name: LAFRANCE, HOUSON R
Address: 17601 NE 5 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SEC (X) Delete
Name: SAINT VIL, ANNA
Address: 4211 SW 32 DRIVE
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRY, POITEVIEN
Address: 633 NE 167 ST SUITE 901
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP (X) Change () Addition
Name: LAFRANCE, CARL
Address: 17601 NE 5 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SEC (X) Change () Addition
Name: SAINT-VIL, ANNA
Address: 4211 SW 32 DR
City-St-Zip: HOLLYWOOD, FL 33023

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KARL ACHILLE ORESTE

CEO

02/02/2006

Electronic Signature of Signing Officer or Director

_____ Date