


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90358 007 \*\*\*150.00

<b>DOCUMENT # P04000125834</b>	
1. Entity Name <b>WRIGHT WAY MORTGAGE COMPANY</b>	

Principal Place of Business <b>2026 NW 191 AVE PEMBROKE PINES, FL 33029</b>	Mailing Address <b>2026 NW 191 AVE PEMBROKE PINES, FL 33029</b>
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**40073620**



2. Principal Place of Business <b>8401 SW 19th ST</b>	3. Mailing Address <b>8401 SW 19th ST</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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01192006 Chg-P CR2E034 (11/05)

City & State <b>North Lauderdale, FL</b>	City & State <b>North Lauderdale, FL</b>
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Zip <b>33068</b>	Country	Zip <b>33068</b>	Country
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4. FEI Number <b>20-1566233</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WRIGHT, ROSANNE 2026 NW 191 AVE PEMBROKE PINES, FL 33029</b>	
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7. Name and Address of New Registered Agent Name <b>Wright, Rosanne</b> Street Address (P.O. Box Number is Not Acceptable) <b>8401 SW 19th ST</b> City <b>North Lauderdale</b> <b>FL</b> Zip Code <b>33068</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WRIGHT, BOBBY L 1800 SW 81 AVE, #117 FORT LAUDERDALE, FL 33068</b> <input 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>T WRIGHT, ROSANNE 2026 NW 191 AVE PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, T Wright, Rosanne 8401 SW 19th ST North Lauderdale, FL 33068</b> <input checked="" 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	<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	<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	<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	<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.

SIGNATURE: *Rosanne Wright* *Rosanne Wright* *1/29/06* *786-412-8741*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #