

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90006 038 ***150.00

DOCUMENT # P05000011981 1. Entity Name EXPRESS MORTGAGE FUNDING, INC.					
Principal Place of Business 9211 ANDORA DRIVE MIRAMAR, FL 33025			Mailing Address 9211 ANDORA DRIVE MIRAMAR, FL 33025		
2. Principal Place of Business 9050 PINES BLVD.			3. Mailing Address SUITE 415		
Suite, Apt. #, etc. SUITE 415			Suite, Apt. #, etc. SUITE 415		
City & State PEMBROKE PINES, FL			City & State PEMBROKE PINES, FL		
Zip 33024		Country U.S.A		4. FEI Number 20-2200962	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHIPPY, SHERON 9211 ANDORA DRIVE MIRAMAR, FL 33025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>Sheron Shippy, President</i></u> 06/30/2006. <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHIPPY, SHERON 9211 ANDORA DRIVE MIRAMAR, FL 33025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S SHIPPY, SHERON 9211 ANDORA DRIVE MIRAMAR, FL 33025 D PHILIP N. SMITH 2061 SW 157 AVENUE MIRAMAR, FL 33027 <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 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	
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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: <u><i>Sheron Shippy</i></u> SHERON SHIPPY 06/30/2006. 954/499-9379 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50023563



07032006 Chg-P CR2E034 (11/05)

ATTACHMENT50023-5-63
P05000011981Florida Department of Financial Services
Tom Gallagher Chief Financial Officer**Office of Financial Regulation****Licensing and Registration****Licensee Name: EXPRESS MORTGAGE FUNDING****FEIN : 134588228****License Type: MORTGAGE BROKERAGE BUSINESS**Business
InformationBranch
InformationE-Mail to
Department

Logout

Print this page and attach it to your license as evidence of the changes you made. A new license will not be issued. Address changes are processed every 24-48 hours, and at that time will be posted on the website. If changes do NOT show up after 48 hours, you may contact our office at electronic_licensing@mail.dbf.state.fl.us

Confirmation of Business Change

Print this page for your records, then continue.

Confirmation Number 5416229
Date and Time 2005-02-05 14:15:05

Audit Number MBB 0500307
DBA Name
Business Address 9050 PINES BLVD
SUITE 415
City PEMBROKE PINES
State FL
ZIP Code 33024

Mail Address 9050 PINES BLVD
SUITE 415
City PEMBROKE PINES
State FL
ZIP Code 33024

E-Mail Address fundingexpress@bellsouth.net
Phone Number (954) 499-9379
Principal Broker SSN [REDACTED]
Principal Broker Name SHIPPY SHERON ANDREA
Principal Broker Audit No MB 0442582

Continue