

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90004 002 ***150.00

DOCUMENT # P05000032397 1. Entity Name STONEGATE MORTGAGE LENDERS, CORP.					
Principal Place of Business 824 NW 183 STREET MIAMI, FL 33169			Mailing Address 824 NW 183 STREET MIAMI, FL 33169		
2. Principal Place of Business 11011 Sheridan St. Suite, Apt. #, etc. 207 City & State Cooper City, FL Zip 33026		3. Mailing Address 11011 Sheridan St. Suite, Apt. #, etc. 207 City & State Cooper City, FL Zip 33026			
Country USA		Country USA		4. FEI Number 26-0108175	
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 RODRIGUEZ, MARCOS I 824 NW 183 STREET MIAMI, FL 33169			7. Name and Address of New Registered Agent Name Rodriguez, Marcos I. Street Address (P.O. Box Number is Not Acceptable) 4320 NW 196 St. City MIAMI, FL Zip Code 33055		
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  MARCOS I. Rodriguez President 08/14/06 <small>Signature, typed or printed name of registered agent and title 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 P NAME RODRIGUEZ, MARCOS I STREET ADDRESS 824 NW 183 STREET CITY-ST-ZIP MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete		TITLE P NAME Rodriguez, Marcos I. STREET ADDRESS 4320 NW 196 St. CITY-ST-ZIP MIAMI, FL 33055	<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	
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:  MARCOS I. Rodriguez President 08/14/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					