2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006
Secretary of State

DOCUMENT# P05000040599

Entity Name: MCD MORTGAGE CORP

Current Principal Place of Business:

519B JONES AVE
SUITE 3
HAINES CITY, FL 33844 US

New Principal Place of Business:

519B JONES AVE
SUITE 3&4
HAINES CITY, FL 33844 US

Current Mailing Address:

519B JONES AVE
SUITE 3
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 20-2467903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTIAGO, LUCIA
519B JONES AVE
SUITE 3
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

SANTIAGO, LUCIA
519B JONES AVE
SUITE 3&4
HAINES CITY, FL 33844 US

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: LUCIA SANTIAGO 05/18/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: SANTIAGO, LUCIA
Address: 519B JONES AVE, SUITE 3
City-St-Zip: HAINES CITY, FL 33844 US

Title: S ( ) Delete
Name: PEREZ, MONICA
Address: 519B JONES AVE, SUITE 3
City-St-Zip: HAINES CITY, FL 33844 US

Title: T ( ) Delete
Name: SANTIAGO, PEDRO
Address: 519B JONES AVE, SUITE 3
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: PEREZ, MONICA
Address: 519B JONES AVE, SUITE 3
City-St-Zip: HAINES CITY, FL 33844 US

Title: DST (X) Change ( ) Addition
Name: SANTIAGO, PEDRO A
Address: 519B JONES AVE, SUITE 3
City-St-Zip: HAINES CITY, FL 33844 US

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: MONICA PEREZ DP 05/18/2006
Electronic Signature of Signing Officer or Director Date