# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**
**May 04, 2006 8:00 am**
**Secretary of State**

04-17-2006 90385 026 ***150.00

DOCUMENT # P05000051740

1. Entity Name
XANADU MORTGAGE CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 1818 SOUTH AUSTRALIAN AVENUE<br>SUITE #410<br>WEST PALM BEACH, FL 33409 US | 1818 SOUTH AUSTRALIAN AVENUE<br>SUITE #410<br>WEST PALM BEACH, FL 33409 US |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01062006 Chg-P CR2E034 (11/05)

4. FEI Number 52-2457041 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MEROLA, JAMES R ESQ.<br>11380 PROSPERITY FARMS ROAD<br>SUITE #204<br>PALM BEACH GARDENS, FL 33410 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD ☐ Delete<br>BRUEGGEMAN, FRANK D<br>1818 SOUTH AUSTRALIAN, AVE STE 410<br>WEST PALM BEACH, FL 33409 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD ☐ Delete<br>KLIGLER, LENNARD<br>1818 SOUTH AUSTRALIAN AVE STE 410<br>WEST PALM BEACH, FL 33409 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** _____ 4/13/06 561-687-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #