

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053769

FILED
Mar 17, 2006
Secretary of State

Entity Name: BEST MORTGAGE SOLUTIONS OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

626 WILLOWWOOD CT.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

499 SR 434 N
2015
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

626 WILLOWWOOD CT.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

499 SR 434 N
2015
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-2980528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLON, CARMEN J
626 WILLOWWOOD CT.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLON, CARMEN J
Address: 626 WILLOWWOOD CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CARMEN J COLON

P

03/17/2006

Electronic Signature of Signing Officer or Director

Date