2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

07-26-2006 90003 037 ***150.00
08-29-2006 90002 024 ***450.00

DOCUMENT # P05000059056

1. Entity Name
1ST MORTGAGE LENDER, INC.

Principal Place of Business
1204 STONE HARBOUR ROAD
WINTER SPRINGS, FL 32708

Mailing Address
1204 STONE HARBOUR ROAD
WINTER SPRINGS, FL 32708

07142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

4. FEI Number 20-2717792 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUTCHMIDAT, PARMANAND
1204 STONE HARBOUR ROAD
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PRE LUTCHMIDAT, PARMANAND 1204 STONE HARBOUR ROAD WINTER SPRINGS, FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Paid
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ck# 1163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ____________________ 7/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #