2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059840

357 CARDIFF AVE.

DAVENPORT, FL 33897

Address:

City-St-Zip:

FILED Apr 30, 2006 Secretary of State

Entity Name: OVER C MORTGAGES INC.					
Current Principal Place of Business:			New Principal Place of Business:		
357 CARD DAVENPO	DIFF AVE. DRT, FL 33897	7			
Current Mailing Address:			New Mailing Address:		
357 CARD DAVENPO	DIFF AVE. DRT, FL 33897	7			
FEI Number	: 20-2739739	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SMALLBIZ AGENTS, LLC 4244 W. TENNESSEE ST. #185 TALLAHASSEE, FL 32304 US			357 CARDIFF AVÉ.	MERGENTHALER, JAMES J 357 CARDIFF AVE. DAVENPORT, FL 33897 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: JAMES MERGENTHALER				04/30/2006	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (MERGENTHAL 357 CARDIFF DAVENPORT,	AVÉ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MERGENTHAL 357 CARDIFF DAVENPORT,	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC (MERGENTHAL 357 CARDIFF DAVENPORT,	AVÉ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TREA () Delete FR. JAMES	Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JAMES MERGENTHALER **PRES** 04/30/2006