

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069168

FILED
Mar 16, 2006
Secretary of State

Entity Name: PERENNIAL MORTGAGE GROUP, INC.

Current Principal Place of Business:

4753 ACORN CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

3406 MAGIC OAK LANE
SARASOTA, FL 34232

Current Mailing Address:

4753 ACORN CIRCLE
SARASOTA, FL 34233

New Mailing Address:

3406 MAGIC OAK LANE
SARASOTA, FL 34232

FEI Number: 47-0954714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NILSEN, BARBARA I
4753 ACORN CIRCLE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

NILSEN, BARBARA I
2734 DICK WILSON DRIVE
SARASOTA, FL 34240 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:

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CONNELL, CAYCE
Address: 5972 DUNBARTON WAY
City-St-Zip: RALEIGH, NC 27613 US

Title: VP () Delete
Name: NILSEN, BARBARA I
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233 US

Title: SEC. () Delete
Name: CONNELL, WILLIAM B
Address: 861 FAULKWOOD COURT
City-St-Zip: SARASOTA, FL 34232 US

Title: TREA () Delete
Name: JARRARD, DAVID A
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: NILSEN, BARBARA I
Address: 2734 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240 US

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

Title: TREA (X) Change () Addition
Name: JARRARD, DAVID A
Address: 2734 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240 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: BARBARA I NILSEN

VP

03/16/2006

Electronic Signature of Signing Officer or Director

Date