



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000103813 1. Entity Name CECELIA MORTGAGE GROUP, INC						FILED 06 MAR -2 PM 3:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5867 S.E. AVALON DR. STUART, FL 34997				Mailing Address 5867 S.E. AVALON DR. STUART, FL 34997			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03022006 Chg-P CR2E034 (11/05)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LIRA, HENRY 5867 S.E. AVALON DR. STUART, FL 34997				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT LIRA, HENRY 5867 S.E. AVALON DR. STUART, FL 34997			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300067973253 03/16/06--01017--014 ***300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LIRA, JOYCE C 5867 S.E. AVALON DR. STUART, FL 34997			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 3-02-06 Daytime Phone: 772-260-6343			