2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136081

City-St-Zip:

NAPLES, FL 34120

Entity Name: NEAPOLITAN MORTGAGE, INC

FILED Jan 09, 2006 Secretary of State

| Littly Na | ME. NEAFOL | ITAN WORTGAGE, INC. | | | |
|---|---|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
| 191 29TH STREET NW NAPLES, FL 34120 | | | | 2310 IMMOKALEE ROAD NAPLES, FL 34110 | |
| Current Mailing Address: | | | New Mailing Addr | New Mailing Address: | |
| 191 29TH STREET NW NAPLES, FL 34120 | | | | 2310 IMMOKALEE ROAD NAPLES, FL 34110 | |
| FEI Number: 68-0615777 FEI Number Applied For () | | FEI Number Not Applicable () | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | Name and Addres | Name and Address of New Registered Agent: | |
| | ND, MARIA STREET NW FL 34120 l | JS | | | |
| The above in the State | e named entity e of Florida. | submits this statement for the | purpose of changing its registe | ered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHAN | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MATURO, RAF | RN CIRCLE, UNIT 1203 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (CAPRARI, AM' 502 BRISTLE NAPLES, FL 3 | CONE LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | S, T (MARCHAND, N 191 29TH STR | | Title: Name: Address: | () 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.

City-St-Zip:

SIGNATURE: MARIA MARCHAND S, T 01/09/2006