
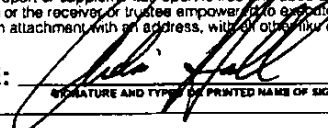


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Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90258 021 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000146655			
1. Entity Name SWAN MORTGAGE SERVICES, INC.			
Principal Place of Business 130 S. UNIVERSITY DRIVE SUITE F PLANTATION, FL 33324		Mailing Address 130 S. UNIVERSITY DRIVE SUITE F PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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			
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ANDRE	NAME	
STREET ADDRESS	130 S. UNIVERSITY DRIVE SUITE F	STREET ADDRESS	
CITY- ST- ZIP	PLANTATION, FL 33324	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VIC PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ALISON HALL
STREET ADDRESS		STREET ADDRESS	130 S. UNIVERSITY DRIVE, STE F
CITY- ST- ZIP		CITY- ST- ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TERESA SWAN
STREET ADDRESS		STREET ADDRESS	130 S. UNIVERSITY DR, STE F
CITY- ST- ZIP		CITY- ST- ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 or without my empowered.			
SIGNATURE: 		3/16/6 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	