## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000148152

Name:

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Entity Nan	ne: RESOLVE	ED MORTGAGES INC.				
Current Principal Place of Business:				New Principal Place of Business:		
1451 SOUT STE. 501 MIAMI, FL	TH MIAMI AVE 33130	NUE				
Current Mailing Address:				New Mailing Address:		
	KENRIDGE VIL	LAGE				
#8 ALTAMON	TE SPRINGS,	FL 32714				
FEI Number:	20-3748639	FEI Number Applied For ( )	FEI Number Not A	pplicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CAMACHO, ANGEL L 1451 SOUTH MIAMI AVENUE STE. 501 MIAMI, FL 33130 US				BARBOSA, RICHARD 564 BRECKENRIDGE VILLAGE #8 ALTAMONTE SPRINGS, FL 32714 US		
The above in the State	named entity s of Florida.	ubmits this statement for the p	urpose of changin	g its registere	ed office or registered agent, or both,	
SIGNATURE: RICHARD BARBOSA				04/27/2006		
Electronic Signature of Registered Agent				Date		
Election Carr	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BARBOSA, RICH 564 BRECKENF	Delete HARD RIDGE VILLAGE #8 PRINGS, FL 32714	Title: Name: Address: City-St-Zi	<b>ɔ</b> :	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () CAMACHO, AND 1451 SOUTH MI MIAMI, FL 3313	AMI AVENUE	Title: Name: Address: City-St-Zi <sub>l</sub>		(X) Change()Addition , ANGEL L KENRIDGE VILLAGE #8 TE SPRINGS, FL 32714	
Title:	( )	Delete	Title:	s	( ) Change (X) 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.

Name:

Address:

City-St-Zip:

BARBOSA, ROSA L

564 BRECKENRIDGE VILLAGE#8

ALTAMONTE SPRINGS, FL 32714

SIGNATURE: RICHARD BARBOSA Ρ 04/27/2006