

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90205 014 \*\*\*150.00

<b>DOCUMENT # P05000149471</b>					
<b>1. Entity Name</b> <b>COMPETITIVE HOME MORTGAGE OF FLORIDA, INC.</b>					
<b>Principal Place of Business</b> <b>46 N WASHINGTON BLVD #1</b> <b>SARASOTA, FL 34236</b>			<b>Mailing Address</b> <b>46 N WASHINGTON BLVD #1</b> <b>SARASOTA, FL 34236</b>		
<b>2. Principal Place of Business</b> <b>23811 CHAGRIN BLVD.</b>		<b>3. Mailing Address</b> Suite, Apt. #, etc. <b>#LL72</b>			
City & State <b>BEACHWOOD, OH</b>		City & State City & State		<b>4. FEI Number</b> <b>20-3767151</b>	
Zip <b>44122</b>		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LPS CORPORATE SERVICES, INC.</b> <b>46 N WASHINGTON BLVD #1</b> <b>SARASOTA, FL 34236</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RITT, FREDRICK J. 23811 CHAGRIN BLVD., #LL72 BEACHWOOD, OH 44122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KLESS, DAVID L. 23811 CHAGRIN BLVD., #LL72 BEACHWOOD, OH 44122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			4/17/2006 (216) 514-1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>FREDRICK J. RITT, President</b>					