

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90109 047 \*\*\*150.00

4000400



01152006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P93000028387</b> 1. Entity Name <b>BOCA REAL ESTATORS MORTGAGE CORP.</b>			
Principal Place of Business <b>11 SE 5TH STREET</b> <b>BOCA RATON, FL 33432</b>		Mailing Address <b>11 SE 5TH STREET</b> <b>BOCA RATON, FL 33432</b>	
2. Principal Place of Business <b>37 SE 5 St #100</b> Suite, Apt. #, etc.		3. Mailing Address <b>37 SE 5 St #100</b> Suite, Apt. #, etc.	
City & State <b>Boca Raton FL</b> Zip Country <b>33432 US</b>		City & State <b>Boca Raton FL</b> Zip Country <b>33432 US</b>	
4. FEI Number <b>65-0429739</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FILINGS, INC.</b> <b>3732 NW 16TH STREET</b> <b>FORT LAUDERDALE, FL 33311</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 / After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>FARRELL, HELENE</b> <b>11 SE 5TH STREET</b> <b>BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>37 SE 5 St #100</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>DETWEILER, JOHN H. I</b> <b>11 SE 5TH STREET</b> <b>BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>37 SE 5 St #100</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>SIGNATURE:</b>		<b>1/19/06</b> Date Daytime Phone #	