| 2006 FOR PROFIT CORPORATION<br>ANNUAL REPORT  |   |   |   | FILED<br>May 03, 2006 8:00 am<br>Secretary of State |                         |                                       |                        |
|---|---|---|---|---|-------------------------|---------------------------------------|------------------------|
| DOCUMENT # P95<br>1. Entity Name<br>MORTGAGECORPORATI   |   |   |   |   | 05-03-2006              |                                       |                        |
| Principal Place of Business Mailing Address   10511 MARYLOU DRIVE 10511 MARYLOU DRIVE   ORLANDO, FL 32825 US  |   |   |   |   |                         |                                       |                        |
| DO NOT V  | VRITE IN  | THIS SPA  | CE  | 04202006<br>4. FEI Numbe<br>65-059                  | •<br>No Chg-P           | CR2E034 (                             |                        |
| 6. Name and Addr<br>CENTRAL FLORIDA FINAN(<br>60 S SEMORAN BLVD<br>ORLANDO, FL 32807  | DO NOT WRITE<br>IN THIS SPACE   |   |   |   |                         |                                       |                        |
| 8. The above named entity submits the obligations of registered agent<br>SIGNATURE  | e of registered agent and title if appl<br>\$150.00                                   |   | ad Agent signature required                 |   | th, in the State of Fic | DATE                                  | iar with, and accept   |
| ITTLE PTD<br>GARCIA, SERAFIN<br>STREET ADDRESS<br>CITY-ST-ZIP ORLANDO, FL 32/<br>UTTLE<br>VAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ND<br>325   |   |   | IN .  | NOT W                   | PACE                                  |                        |
| 12. I hereby certify that the informati<br>indicated on this report or supple<br>of the corporation or the receiver<br>changed, or on an attachment w<br>SIGNATURE:   | emental report is true and<br>or trustee empowered to<br>ith an address, with all oth | accurate and that my signa<br>execute this report as requ | ature shall have the<br>jired by Chapter 60 | same legal effe<br>7, Florida Statut                | ct as it made under     | oath; that I am a<br>le appears in Bl | an officer or director |

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