## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000081047

## FILED Jan 17, 2006 08:00 AM Secretary of State

FIDELITY MORTGAGE TRUST CORP.						
Principal Place of Business 6710 MAIN STREET 233	Mailing Address 6710 MAIN STREET 233					
MIAMI LAKES, FL 33014 US	MIAMI LAKES, FL 33014	US 				
DO NOT WOLF	IN THE CD	405	01122006 No Chg-P	CR2E034	(11/05)	
DO NOT WRITE	IN THIS SP	ACE	4. FEI Number 65-0614996		Applied For Not Applicable	
		<u></u>	5. Certificate of Status Desired		.75 Additional	
6. Name and Address of Current	Registered Agent		<u> </u>			
BERNFELD SPRITZER, SCHETLER SHEER 7700 NORTH KENDALL DRIVE PH 5			DO NOT WRITE			
MIAMI, FL 33156		}	in this s	PACE		
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its regi	stered office or register	ed agent, or both, in the State of i	Florida. I am fam	illar with, and accept	
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE, Reg	isterad Agant signature regulaç	when reinstating)	DATE	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut		.00 May Be ed to Fees	<del></del>		
10. OFFICERS AND	DIRECTORS					
TITLE PSTD						
NAME BRAMBLE, WILLIAM C JR. STREET ADDRESS 531 OLEANDER DRIVE		•	(Jmana	ממשלפכה		
CITY-ST-ZIP HALLANDALE, FL 33009		ì	(11 /19/06	~20172U	09 150.00	

## DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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.

SIGNATURE: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME
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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 65 (305)827-2300 Daytine Priore 8