2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032190

Title:

Name:

Address:

City-St-Zip:

FILED Jan 06, 2006 Secretary of State

| Entity Name: MORTGAGE DEPOT ASSOCIATES, INC. | | | | | | |
|---|---|------------------------------------|---|---|--------------------------------------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| 4905 CHIQUITA BLVD SOUTH STE 104 CAPE CORAL, FL 33914 US | | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 4905 CHIQUITA BLVD SOUTH STE 104 CAPE CORAL, FL 33914 US | | | | | | |
| FEI Number: | 65-0657837 | FEI Number Applied For () | FEI Number Not Appl | icable () | Certificate of Status Desired (X) | |
| Name and | Address of Cu | ırrent Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| 4905 CHIQ | Y, JOHN V P UITA BLVD SO PAL, FL 33914 | UTH STE 104 US | 4905 CHIQ SUITE 104 | HENNESSY, SEAN K VP 4905 CHIQUITA BLVD SUITE 104 CAPE CORAL, FL 33914 US | | |
| The above in the State | | ibmits this statement for the pu | rpose of changing it | ts registered | office or registered agent, or both, | |
| SIGNATUR | E: SEAN K H | | | 01/06/2006 | | |
| Electronic Signature of Registered Agent | | | | | Date | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | |
| Title: Name: Address: City-St-Zip: | PD ()E HENNESSY, JOH 5132 SOUTHWE: CAPE CORAL, FI | Delete IN V JR. ST 20TH AVE. | Title: Name: Address: City-St-Zip: | | S TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | VP () E HENNESSY, DEN 5132 SOUTHWE: CAPE CORAL, FI | ST 20TH AVE. | Title: Name: Address: City-St-Zip: | (| ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VP () E HENNESSY, SEA 126 SE 6TH ST CAPE CORAL, FI | | Title: Name: Address: City-St-Zip: | HENNESSY, | TA BLVD SUITE 104 | |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SEAN K HENNESSY VP 01/06/2006

() Delete

() Change (X) Addition

HENNESSY III, JOHN V

CAPE CORAL, FL 33914

4905 CHIQUITA BLVD SUITE 104