

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059565

FILED
Jul 13, 2006
Secretary of State

Entity Name: CONSUMER ONE MORTGAGE CORP.

Current Principal Place of Business:

1001 S ANDREWS AVENUE
#100
FORT LAUDERDALE, FL 33316 US

Current Mailing Address:

1001 S ANDREWS AVENUE
#100
FORT LAUDERDALE, FL 33316 US

FEI Number: 65-0685070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, MICHAEL G P.A.
1001 S ANDREWS AVENUE
SUITE 100
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

2860 W. STATE ROAD 84
SUITE #100
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

2860 W. STATE ROAD 84
SUITE #100
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SALAZAR, MICHAEL G P.A.
2860 W. STATE ROAD 84
SUITE #100
FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE:

07/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: KINIRY, SHIELA
Address: 5531 S.W. 58TH COURT
City-St-Zip: DAVIE, FL 33314

Title: SVP () Delete
Name: KINIRY, RUSSELL W
Address: 5531 SW 58TH CT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: KINIRY, SHIELA
Address: 5531 SW 58 COURT
City-St-Zip: DAVIE, FL 33314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHIELA KINIRY

P

07/13/2006

Electronic Signature of Signing Officer or Director

Date