

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 27, 2006  
Secretary of State**

DOCUMENT# P96000066915

Entity Name: THE DISCOUNT MORTGAGE STORE, INC.

**Current Principal Place of Business:**

2447 QUANTUM BLVD  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

2447 QUANTUM BLVD  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

FEI Number: 65-0710318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FACTOR, WARREN MYLES  
22278 LARKSPUR TRAIL  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: FACTOR, WARREN M  
Address: 22278 LARKSPUR TRAIL  
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: NANCY, FACTOR S  
Address: 22278 LARKSPUR TRAIL  
City-St-Zip: BOCA RATON, FL 33433

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: WARREN FACTOR

PT

07/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date