


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90009 043 \*\*\*150.00

**DOCUMENT # P96000098946**

1. Entity Name  
**ECLECTIC MORTGAGE CORPORATION**



Principal Place of Business  
**860 US HWY. 1  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**860 US HWY. 1  
NORTH PALM BEACH, FL 33408**

2. Principal Place of Business  
**630 US HIGHWAY ONE  
Suite, Apt. #, etc. **Suite #205-B**  
City & State **North Palm Beach, FL**  
Zip **33408** Country **Palm Beach****

3. Mailing Address  
**630 US HIGHWAY ONE  
Suite, Apt. #, etc. **Suite #205-B**  
City & State **North Palm Beach, FL**  
Zip **33408** Country **Palm Beach****

40066011



02022006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**YOUNG, TRACY L  
860 US HWY. 1  
NORTH PALM BEACH, FL 33408**

4. FEI Number  
**65-0716177**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

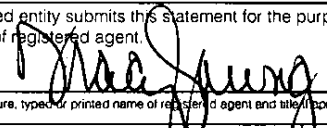
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/2/2006**

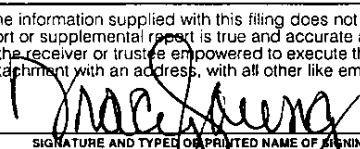
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT YOUNG, TRACY 860 US HIGHWAY 1 N.P.B., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CROMER, LAMARR 860 US HIGHWAY 1 N PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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:  DATE **2/2/2006** (562) 371-9651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR