

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042874

Entity Name: KEMPES MORTGAGE, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

8568 SW 211 TERR.  
MIAMI, FL 33189

## New Principal Place of Business:

13008 SW 120 ST  
MIAMI, FL 33186

## Current Mailing Address:

8568 SW 211 TERR.  
MIAMI, FL 33189

## New Mailing Address:

4717 LEE BULEVARD  
LEHIGH ACRES, FL 33971

FEI Number: 65-0911170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HABERKORN, ALTAGRACIA  
8569 SW 211 TERR  
MIAMI, FL 33189 US

## Name and Address of New Registered Agent:

HABERKORN, ALTAGRACIA  
1204 E 4TH ST  
LEHIGH ACRES, FL 33972 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: ALTAGRACIA HABERKORN

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: HABERKORN, ALTAGRACIA N  
Address: 4321 12TH STREET WEST  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VS ( ) Delete  
Name: GARCIA, STEPHANIE  
Address: 8569 SW 211 TERR  
City-St-Zip: MIAMI, FL 33189

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition  
Name: HABERKORN, ALTAGRACIA N  
Address: 1204 E 4TH ST  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: V/S (X) Change ( ) Addition  
Name: GARCIA, STEPHANIE  
Address: 8569 SW 211 TERR  
City-St-Zip: MIAMI, FL 33189

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: ALTAGRACIA HABERKORN

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date