2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000045661

Entity Name: FLORIDA CAPITAL MORTGAGE COMPANY

FILED Sep 11, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
268A PALM COAST PARKWAY NE PALM COAST, FL 32137				20 AIRPORT ROAD STE B PALM COAST, FL 32164		
Current Mailing Address:				New Mailing Address:		
268A PALM COAST PARKWAY NE PALM COAST, FL 32137				20 AIRPORT ROAD STE B PALM COAST, FL 32164		
FEI Number: 59-3447327 FEI Number Applied For ()			FEI Nun	El Number Not Applicable () Certificate of Status Desired ()		
Name and	l Address of (Current Registered Agent:		Name and	l Address o	f New Registered Agent:
HAAS, JOE 268A PALM COAST PARKWAY NE PALM COAST, FL 32137 US				HAAS, JOE 20 AIRPORT ROAD STE B PALM COAST, FL 32164 US		
	e named entity e of Florida.	submits this statement for the	purpose o	of changing i	its registered	d office or registered agent, or both
SIGNATURE:				09/11/2006		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	HAAS, JOE) Delete DAST PARKWAY NE FL 32137		Title: Name: Address: City-St-Zip:		(X) Change()Addition ROAD STE B IT, FL 32164
Title: Name: Address: City-St-Zip:	MORRIS, REN	DAST PARKWAY NE		Title: Name: Address: City-St-Zip:		(X) Change ()Addition ENEE FROAD STE B IT, FL 32164
Title: Name: Address: City-St-Zip:	CHIN, VICTOR) Delete DAST PARKWAY NE FL 32137		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	PAGAN, RAND	DAST PARKWAY NE		Title: Name: Address: City-St-Zip:		(X) Change ()Addition NDY ROAD STE B IT, FL 32164
Title: Name: Address: City-St-Zip:	LOCKE, KIMBE	DAST PARKWAY NE		Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address:	RAMSEY, KAR	DAST PARKWAY NE		Title: Name: Address:		() Change () Addition

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: JOE HAAS PD 09/11/2006