

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078678

FILED
Apr 21, 2006
Secretary of State

Entity Name: MELBOURNE MORTGAGE COMPANY

Current Principal Place of Business:

4100 W NEW HAVEN AVE
SUITE A
W MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

4100 W NEW HAVEN AVE
SUITE A
W MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3469871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUBLETTE, PATRICIA L
4100 W NEW HAVEN AVE
SUITE A
W MELBOURNE, FL 32904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BRETZ, MATTHEW P
Address: 631 CROW BERRY RD
City-St-Zip: PALM BAY, FL 32907

Title: DVP () Delete
Name: SUBLETTE, PATRICIA
Address: 293 EDWARD RD
City-St-Zip: W MELBOURNE, FL 32904

Title: P () Delete
Name: SUBLETTE, PATRICIA L
Address: 293 EDWARD RD
City-St-Zip: W MELBOURNE, FL 32904

Title: S () Delete
Name: BRETZ, TIMOTHY
Address: 293 EDWARD RD
City-St-Zip: W MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PATRICIA L. SUBLETTE

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date