## ,2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 06, 2006 08:00 AM Secretary of State **DOCUMENT # P97000086658** 1. Entity Name ELDORADO MORTGAGE INVESTMENTS, INC. Principal Place of Business Mailing Address 2300 PALM BEACH BLVD. 2300 PALM BEACH BLVD. #101 #101 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0134792 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOUGLAS, EUSTACE Street Address (P.O. Box Number is Not Acceptable) 268 PINE AVENUE WEST PALM BEACH, FL 33413 City Zip Code 6. 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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. $\Box$ After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete TITLE 🔲 Change 🔲 Addition <u>U</u>Q0000494375 NAME DOUGLAS, EUSTACE NAME 04/20/06-80042-017 150.00 268 PINE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33413 CHY-SI-19 TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-57-70) City-St-ZiP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP TITLE Delete THIS ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZYP CITY-ST-ZIP TITLE ☐ Delete TOTLE ☐ Change ☐ Add@ien NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CHY-ST-7/2

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes if 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

BO NAME OF SIGHING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**FILED** 

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