


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000024492 1. Entity Name COMMONWEALTH CONTINENTAL MORTGAGE CORPORATION			
Principal Place of Business 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334 US		Mailing Address 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LINCOLN, TIMOTHY C ESQ. LINCOLN ESQ, PA 46 NE 6TH ST. MIAMI FL 33132		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	
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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VPDS NAME: DIAZ, MAYRA STREET ADDRESS: 5601 NORTH DIXIE HIGHWAY SUITE 420 CITY-ST-ZIP: FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: LINCOLN, TIMOTHY STREET ADDRESS: 5601 NORTH DIXIE HIGHWAY SUITE 420 CITY-ST-ZIP: FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Timothy C. Lincoln</i>		DATE: 4/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Timothy C. Lincoln, V.P.			



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0820794** Applied For Not Applicable

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

U00000535224 Change Addition
05/08/06-80044-016 158.75