2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000035797

GREAT COUNTRY MORTGAGE BANKERS CORP.



Principal Place of Business

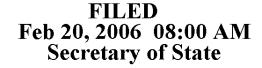
2850 DOUGLAS RD 4TH FLOOR

CORAL GABLES, FL 33134

Mailing Address

C/O IVAN A. GOMEZ 601 BRICKELL KEY DRIVE, #507

MIAMI, FL 33131





02032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0828906

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

8. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131

		mint.		~		. AZZZ			- 444 4 4	• • •
		12000	****	# W/## 1		Attended to	•	• •		
	Ď	O	1	40	רכ	֓֟֟֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡	W	'R	IT	E
					,					
		*	معدري				4.3			opin relation
1.			023Z.	· breeze a						
L- North	-	. 1	-		•		~ -			
~~~				_						
		•••		_		_	~ -			
***	33.	. S							C	
	***					*****		بستدءة		

			The state of the s						
8. The above the obligat	named entity submits this statement for the priors of registered agent.	urpose of changing its register	ed office or registered agent, or both,	, in the State of Florida. I am familiar wi	th, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and rife if	applicable. [NOTE: Régistere	ed Agent signature required when reinstating)	DATE	<del></del>				
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.							
10.	OFFICERS AND DIREC	TORS	A STATE OF THE STA	The second secon					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ANNA 2850 DOUGLAS RD, 4TH FLR CORAL GABLES, FL 33134		Annual Control of the						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, HECTOR 2850 DOUGLAS RD 4TH FLR CORAL GABLES, FL 33134		And the second s	0000000440427 09/02/06 C0040-017 19	58.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	Annual and Charleston and Atlanta				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-10.1	HIS SPACE	· · · · · · · · · · · · · · · · · · ·				
TITLE				- A CONTROL OF THE STATE OF THE					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 except 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 lempowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

305-371-9213

Daytime Phone P