2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062970

16 LANSING AVE

WARWICK, RI 02888

Address: City-St-Zip:

Entity Name: ACCELERATED MORTGAGE COMPANY

FILED May 01, 2006 Secretary of State

| • | | | | | |
|---|-------------------------------|---------------------------------------|--|--|--|
| Current P | rincipal Place | e of Business: | New Principal Place of | New Principal Place of Business: | |
| 615 N. US DEBARY, | HWY. 17-92 FL 32713 | | 780 DELTONA BLVD. UNIT 107 DELTONA, FL 32725 | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 615 N. US DEBARY, | HWY 17-92 FL 32713 | | 780 DELTONA BLVD. UNIT 107 DELTONA, FL 32725 | | |
| FEI Number | : 22-3596239 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 105 ALEXA DEBARY, The above | named entity e of Florida. | JS | ourpose of changing its registered | office or registered agent, or both, | |
| | | nic Signature of Registered Ag | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PARENTE, AN | RA WOODS DR. | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | GARLICK, EDV | RA WOODS DR. | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: | VP (PARENTE, PH |) Delete YLLIS | Title: (Name: |) 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.

Address:

City-St-Zip:

SIGNATURE: ANGELA PARENTE PRES 05/01/2006