

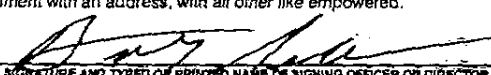


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000085475						
1. Entity Name SARASOTA MORTGAGE COMPANY						
Principal Place of Business 630 SOUTH ORANGE AVE. SUITE 200 SARASOTA, FL 34236	Mailing Address 630 SOUTH ORANGE AVE. SUITE 200 SARASOTA, FL 34236	 01122006 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 65-0869545</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0869545	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent KOHL-HELBIG, LAUREN 1800 SECOND STREET #901 SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE				
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 _____ (NOTE: Registered Agent signature required when releasing) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, BEVERLY 630 S. ORANGE AVENUE SARASOTA, FL 34236					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHON, ELIZABETH 630 S. ORANGE AVENUE SARASOTA, FL 34236					
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DO NOT WRITE IN THIS SPACE						
12. I hereby certify that the information supplied with this filing 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-17-06 Daytime Phone # 941-330-8918				