2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012091

Entity Name: VANTAGE MORTGAGE GROUP, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

507 NW 60TH STREET GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

507 NW 60 STREET GAINESVILLE, FL 32607

FEI Number: 59-3556873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARSON, RICK T VANTAGÉ MORTGAGE 507 NW 60 ST GAINESVILLE, FL 32607 US

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.

City-St-Zip:

SIGNATURE:

PD

GAINESVILLE, FL 32606

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

GAINESVILLE, FL 32606

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MARSON, RICK T MARSON, RICK T Name: Name: **4255 NW 77 TERRACE** 4255 NW 77 TERRACE Address: Address:

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606

Title: SVD () Delete Title: (X) Change () Addition Name: MARSON, MARILYN M Name: MARSON, MARILYN M 4255 NW 77 TERRACE **4255 NW 77 TERRACE** Address: Address: GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 City-St-Zip: City-St-Zip:

Title: SVPD Title: VPD () Delete (X) Change () Addition

SPRINGMEYER, SANDRA L Name: SPRINGMEYER, SANDRA L Name: 5902 NW 143 PL. 5902 NW 143 PL. Address: Address:

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.

SIGNATURE: MARILYN M MARSON PD 04/25/2006