

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026535

FILED
May 01, 2006
Secretary of State

Entity Name: F.D. POU MORTGAGE INVESTMENTS COMPANY

Current Principal Place of Business:

3338 CURRY FORD RD
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3338 CURRY FORD RD
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3569396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POU, FERNANDO G
418 PEPIN DRIVE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: POU, FERNANDO
Address: 418 PEPIN DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: TORRES, DORALIZ
Address: 418 PEPIN DRIVE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FERNANDO POU

PSTD

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date