2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P99000057829

Entity Name: PINES MORTGAGE SERVICES, INC.

Current Principal Place of Business:

6845 PEMBROKE ROAD
PEMBROKE PINES, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

6845 PEMBROKE ROAD
PEMBROKE PINES, FL 33023 US

New Mailing Address:

FEI Number: 65-0929841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWNING, CLIFTON
18355 SW 4TH COURT
PEMBROKE PINES, FL 33029 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BROWNING, JOYCE
Address: 9560 VANDERBILT ROAD
City-St-Zip: NAPLES, FL 34108

Title: P ( ) Delete
Name: BROWNING, CLIFTON
Address: 18355 SW 4TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S ( ) Delete
Name: LOPEZ-SMITH, JULAINE R S
Address: 3610 SW 165TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete
Name: LOWE-CHIN, PAUL P
Address: 20201 NW 9TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: NA ( ) Delete
Name: *, * * *
Address: NA
City-St-Zip: PEMBROK PINES, FL 33024 US

Title: NA ( ) Delete
Name: *, * * *
Address: NA
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOYCE BROWNING VP 04/28/2006

Electronic Signature of Signing Officer or Director Date