

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42434

FILED
Jan 12, 2006
Secretary of State

Entity Name: PREMIUM TRUST MORTGAGE CORP.

Current Principal Place of Business:

5005 COLLINS AVENUE
SUITE C3
MIAMI BEACH, FL 33140

New Principal Place of Business:

400 ALTON RD
TH-4A
MIAMI BEACH, FL 33139

Current Mailing Address:

5005 COLLINS AVENUE
SUITE C3
MIAMI BEACH, FL 33140

New Mailing Address:

400 ALTON RD
TH-4A
MIAMI BEACH, FL 33139

FEI Number: 65-0343209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BARBARA A
5005 COLLINS AVENUE
SUITE C3
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

SMITH, BARBARA A
450 ALTON RD
1807
MIAMI BEACH, FL 33139 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.

SIGNATURE: BARBARA A. SMITH

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, BARBARA A
Address: 5005 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, BARBARA A
Address: 450 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33139

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: BARBARA A. SMITH

PRES

01/12/2006

Electronic Signature of Signing Officer or Director

Date