



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90002 028 ***150.00

DOCUMENT # F03000004009					
1. Entity Name OAK HILL MORTGAGE, INC.					
Principal Place of Business 1140 N. TOWN CENTER DRIVE, STE. 300 LAS VEGAS, NV 89144			Mailing Address 1140 N. TOWN CENTER DRIVE, STE. 300 LAS VEGAS, NV 89144		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-2053984	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, BRADLEY W		NAME	HENDERSON, BRADLEY W	
STREET ADDRESS	1140 N. TOWN CENTER DRIVE, STE. 300		STREET ADDRESS	1140 N. TOWN CENTER DRIVE, SUITE 300	
CITY-ST-ZIP	LAS VEGAS, NV 89144		CITY-ST-ZIP	LAS VEGAS, NV 89144	
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JASON A		NAME		
STREET ADDRESS	1140 N. TOWN CENTER DRIVE, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS, NV 89144		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENGER, DANIEL J		NAME	LORENGER, DANIEL J.	
STREET ADDRESS	1140 N. TOWN CENTER DRIVE, STE. 300		STREET ADDRESS	1140 N. TOWN CENTER DRIVE, SUITE 300	
CITY-ST-ZIP	LAS VEGAS, NV 89144		CITY-ST-ZIP	LAS VEGAS, NV 89144	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILD, SCOTT M		NAME		
STREET ADDRESS	1140 N. TOWN CENTER DRIVE, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS, NV 89144		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Bradley W. Henderson		(702) 499-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	