

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006976

Entity Name: FAI MORTGAGE CORP

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

1019 BLOOMFIELD AVENUE
WEST CALDWELL, NJ 07006

New Principal Place of Business:

Current Mailing Address:

1019 BLOOMFIELD AVENUE
WEST CALDWELL, NJ 07006

New Mailing Address:

FEI Number: 22-3401242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLIVENE, SABIN J
1110 GREEN PINE BLVD UNIT B-3
WEST PALM BEACH, FL 33409 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: CP () Delete
Name: FALLIVENE, GLENN S
Address: 43 WHITE OAK DRIVE
City-St-Zip: NORTH CALDWELL, NJ 07006

Title: VCVP () Delete
Name: FALLIVENE, MATTHEW
Address: 73 FOREST WAY
City-St-Zip: MORRIS PAINS, NJ 07950

Title: T () Delete
Name: FALLIVENE, MATTHEW
Address: 73 FOREST WAY
City-St-Zip: MORRIS PAINS, NJ 07950

Title: DS () Delete
Name: FALLIVENE, SABIN J
Address: 89 BROOKLAWN DRIVE
City-St-Zip: MORRIS PLAINS, NJ 07950

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:

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: SABIN J FALLIVENE

DS

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date