

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003872

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** E-APPROVE MORTGAGE CORP.

**Current Principal Place of Business:**

6231 LEESBURG PIKE, STE 506  
FALLS CHURCH, VA 22044

**New Principal Place of Business:**

**Current Mailing Address:**

6231 LEESBURG PIKE, STE 506  
FALLS CHURCH, VA 22044

**New Mailing Address:**

**FEI Number:** 20-1171526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRATI, HIE U  
2342 MESSENGER CIRCLE  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

TRAN, HIE U  
2342 MESSENGER CIRCLE  
SAFETY HARBOR, FL 34695 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: HIEU TRAN

04/25/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: TA, THU - THUY  
Address: 8918 MAGNOLIA RIDGE RD  
City-St-Zip: FAIRFAX STATION, VA 22039

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: THU-THUY TA

PRES

04/25/2006

Electronic Signature of Signing Officer or Director

Date