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Division of Corporations

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**Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

**FOREIGN PROFIT QUALIFICATION
COLONIAL MORTGAGE CORPORATION OF FLORIDA**

2005 MAR - 8 A 10:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 7, 2005

COLONIAL MORTGAGE CORPORATION
34 WEST MAIN ST., SUITE 350
SOMERVILLE, NJ 08876

SUBJECT: COLONIAL MORTGAGE CORPORATION OF NJ
REF: W05000011490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must either use our current form or submit a resolution from the Board of Directors adopting the doing business as name for Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

FAX Aud. #: R05000054793
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TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. COLONIAL MORTGAGE CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

COLONIAL MORTGAGE CORPORATION OF NJ

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3.

03-045-3293

(FEI number, if applicable)

4.

05/17/02

(Date of incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 34 WEST MAIN ST. SUITE 350 SOMERVILLE, NJ 08876

(Principal office address)

34 WEST MAIN ST. SUITE 350 SOMERVILLE, NJ 08876

(Current mailing address)

8. MORTGAGE BROKER

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: A1A REGISTERED AGENT INC.

Office Address: 92 SADBERRY RD.

QUINCY

(City)

, Florida

32351

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Paul Smith V.P.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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FILED 2005 MAR - 8 A 10 00 SECRETARY OF STATE TALLAHASSEE, FL

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A. DIRECTORS

Chairman: CLINT JOHNSON

Address: 34 WEST MAIN ST. SUITE 350
SOMERVILLE, NJ 08878

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CLINT JOHNSON

Address: 34 WEST MAIN ST. SUITE 350
SOMERVILLE, NJ 08878

Vice President: _____

Address: _____

Secretary: _____


Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. CLINT JOHNSON, PRESIDENT
(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

COLONIAL MORTGAGE CORPORATION
0100879444

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 17, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Clint Johnson
67 Amber Place
Bernardsville, NJ 07924 2527

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

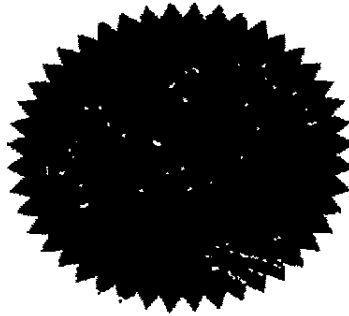
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

COLONIAL MORTGAGE CORPORATION

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
17th day of November, 2004



John E. McCormac

John E. McCormac, CPA
State Treasurer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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