

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003294

FILED
Jan 05, 2004
Secretary of State

Entity Name: EQUITY DIRECT MORTGAGE CORP.

Current Principal Place of Business:

23382 MILL CREEK DR #130
LAGUNA HILLS, CA 92653

New Principal Place of Business:

Current Mailing Address:

23382 MILL CREEK DR #130
LAGUNA HILLS, CA 92653

New Mailing Address:

FEI Number: 33-0655417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DCPS () Delete
Name: WARNER, P CRAIG
Address: 23382 MILL CREEK DR #130
City-St-Zip: LAGUNA HILLS, CA 92653

Title: DCVT () Delete
Name: BRODERICK, MICHAEL
Address: 23382 MILL CREEK DR #130
City-St-Zip: LAGUNA HILLS, CA 92653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: P. CRAIG WARNER

PRES

01/05/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date