


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F98000000070 1. Entity Name SMC MORTGAGE CORPORATION						FILED 05 JUN 20 11:10:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2901 JUAN TABO BLVD NE STE 100 ALBUQUERQUE, NM 87112		Mailing Address 2901 JUAN TABO BLVD NE STE 100 ALBUQUERQUE, NM 87112					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		06102005 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number 74-2810547		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JURSINSKI, KEVIN F P.A. 2222 SECOND ST. FT. MYERS, FL 33901				7. Name and Address of New Registered Agent			
Name				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25			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 NAME STREET ADDRESS CITY-ST-ZIP	PC FELD, ANDREW L 4421 HIDDEN VALLEY CT. ALBUQUERQUE, NM 87111	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100056633221 06/29/05--01004--006 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVTS PELLETIER, LAURA DIANE 9101 CORONA NE ALBUQUERQUE, NM 87122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM HOBSON, KAREN L 2315 SUNSTONE DR., NW ALBUQUERQUE, NM 87120	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLEY, GERALD 7223 LOSTER AVE NE ALBUQUERQUE, NM 87109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Victor L. Rosenthal 5027 Calle de Carino, NE Albuquerque, NM 87111		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RONALD 2428 S LEYDEN ST DENVER, CO 80222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPEEGLE, PAULA J 1112 WOODMAR NE ALBUQUERQUE, NM 87112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Andrew L. Feld</i> ANDREW L. Feld				Date 6-14-05		Daytime Phone # (505)346-7676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							