2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# K44373

Entity Name: SHORETTE MORTGAGE, INC.

Current Principal Place of Business:

333-6TH STREET S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

333-6TH STREET S.W.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-2919716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHORETTE, CHARMAGNE E.
289 WHITE CLIFF BLVD
AUBURNDALE, FL 3382. 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: P ( ) Delete
Name: SHORETTE, CHARMAGNE
Address: 289 WHITE CLIFF BLVD
City-St-Zip: AUBORNDALE, FL

Title: V ( ) Delete
Name: DAVIS, EVELYN
Address: 119 WEEPING WILLOW RD
City-St-Zip: WINTER HAVEN, FL 33880

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: CHARMAGNE E. SHORETTE D 06/28/2005

Electronic Signature of Signing Officer or Director — Date