

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078579

FILED
Feb 24, 2005
Secretary of State

Entity Name: NEW DIRECTION MORTGAGE COMPANY

Current Principal Place of Business:

1015 W. NEWPORT CENTER DR.
106
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

1015 W. NEWPORT CENTER DR.
SUITE 106
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1015 W. NEWPORT CENTER DR.
106
DEERFIELD BEACH, FL 33442

New Mailing Address:

1015 W. NEWPORT CENTER DR.
SUITE 106
DEERFIELD BEACH, FL 33442

FEI Number: 65-1032533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALINAS, PEDRO
6704 VIA REGINA
BOCA RATON, FL 33433 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: PT/T () Delete
Name: SALINAS, PEDRO
Address: 6704 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: SALINAS, GUSTAVO
Address: 6704 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALINAS, PEDRO
Address: 6704 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

Title: D/T (X) Change () Addition
Name: SALINAS, GUSTAVO
Address: 847 SW 31ST TER
City-St-Zip: CAPE CORAL, FL 33914

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: GUSTAVO SALINAS

T

02/24/2005

Electronic Signature of Signing Officer or Director

_____ Date