

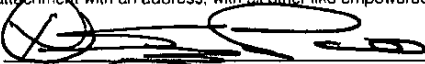


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90047 041 ***150.00

DOCUMENT # P02000103761			
1. Entity Name SIGNATURE MORTGAGE SERVICES, CORP.			
Principal Place of Business 6600 COWPEN RD #220 MIAMI LAKES, FL 33014		Mailing Address 6600 COWPEN RD #220 MIAMI LAKES, FL 33014	
2. Principal Place of Business 5795 NW 151 St Suite, Apt. #, etc. Suite B		3. Mailing Address 5795 NW 151 St Suite, Apt. #, etc. Suite B	
City & State Miami Lakes, FL		City & State Miami Lakes, FL	
Zip 33014	Country USA	Zip 33014	Country USA
6. Name and Address of Current Registered Agent PICALLO, LAZARO 6600 COWPEN RD., #220 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name: Picallo, Lazaro Street Address (P.O. Box Number is Not Acceptable): 5795 NW 151 St Suite B City: Miami Lakes - FL Zip Code: 33014	
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: 3-17-2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	VPS PICALLO, LESLIE C 6600 COWPEN RD #220 MIAMI LAKES, FL 33014 <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	PTD PICALLO, LAZARO 12785 SW 22 STREET MIRAMAR, FL 33027 <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	<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	<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	<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	<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: 		Date: 3-17-2005 Daytime Phone #	

30030509



01192005 Chg-P CR2E034 (10/03)

4. FEI Number 82-0565839 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required