## 2005 FOR PROFIT CORPORATION

## Apr 04, 2005 8:00 am Secretary of State ANNUAL REPORT 04-04-2005 90048 030 \*\*\*150 00 DOCUMENT # P96000025486 1. Entity Name AVALON MORTGAGE CORPORATION 40044618 Principal Place of Business Mailing Address 2200 N.W. CORPORATE BLVD. 2200 N.W. CORPORATE BLVD. STE. 304 STE. 304 BOCA RATON, FL 33431 BOÇA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0650793 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOOM, SHELLY Street Address (P.O. Box Number is Not Acceptable) 5768 WATERFORD BOCA RATON, FL 33496 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reliestating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE BLOOM, SHELLY NAME NAME STREET ADDRESS 5768 WATERFORD STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ПΠЕ ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition TILE ☐ Defete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠRE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 to see 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR O

FILED