


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90199 043 \*\*\*150.00

**DOCUMENT # P99000102900**  
 1. Entity Name  
**FIRSTTRUST MORTGAGE & LENDING CORP.**



Principal Place of Business      Mailing Address  
**801 N. CONGRESS AVE. #905**      **801 N. CONGRESS AVE. #905**  
**BOYNTON BEACH, FL 33426**      **BOYNTON BEACH, FL 33426**

**24068454**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04282004      Chg-P      CR2E034 (10/03)

City & State      City & State

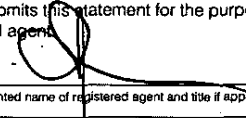
4. FEI Number  
**65-0965904**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**O'SULLIVAN, SHAWN M**  
**801 N CONGRESS AVE**  
**#905**  
**BOYNTON BEACH, FL 33426**

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: **4/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DES	<input checked="" type="checkbox"/> Delete
NAME	O'SULLIVAN, BRADLEY	
STREET ADDRESS	801 N. CONGRESS AVE., #905	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIVOLIN, HEIDI	
STREET ADDRESS	801 N. CONGRESS AVE. #905	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'SULLIVAN SHAWN	
STREET ADDRESS	801 N. CONGRESS AVE #905	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**       **4/28/04**      **561-742-4447**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #