

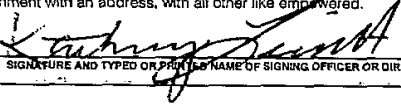


Apr 18,
Secr

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 447840 1. Entity Name CIRCLE MORTGAGE CORPORATION		
Principal Place of Business 6600 TAFT STREET 4TH FL HOLLYWOOD, FL 33024 US		Mailing Address 6600 TAFT STREET 4TH FL HOLLYWOOD, FL 33024 US
DO NOT WRITE IN THIS SPACE		
		04152005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-1660044		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
LEVITT, DAVID 6600 TAFT STREET SUITE 400 HOLLYWOOD, FL 33024		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000312815 04/18/05-80098-021 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEVITT, DAVID 6600 TAFT ST 4TH FLOOR HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEVITT, KATHY 6600 TAFT ST 4TH FLOOR HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: 		4-15-05 954-981-6800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>