


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000005707	
1. Entity Name CONSUMER MORTGAGE SERVICES, INCORPORATED	

Principal Place of Business 999 WEST CHESTER PIKE STE 200 WEST CHESTER, PA 19382	Mailing Address 999 WEST CHESTER PIKE STE 200 WEST CHESTER, PA 19382
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2754513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAFFNEY, JOHN J SR 200 N. BENJAMIN DRIVE WEST CHESTER, PA 19382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GAFFNEY, JOAN 200 N. BENJAMIN DRIVE WEST CHESTER, PA 19382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAFFNEY, JOHN J JR 211 DELAWARE CIRCLE AVONDALE, PA 19311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAFFNEY, KEVIN P 161 LENORA LANE DOWNTOWN, PA 19335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80117-017 150.00

DO NOT WRITE IN THIS SPACE

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: _____ 4/22/2005 610-701-9899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #