

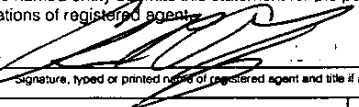
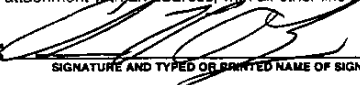


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90072 031 ***150.00

DOCUMENT # F02000002737 1. Entity Name NEW FUTURE MORTGAGE, INC.																																															
Principal Place of Business 13000 Sawgrass Village Cir. #30 Ponte Vedra Beach, FL 32082			Mailing Address 13000 Sawgrass Village Cir. #30 Ponte Vedra Beach, FL 32082																																												
2. Principal Place of Business 9770 Old Bay Meadows Road		3. Mailing Address 1563 Eagles Reach		 04042005 Chg-P CR2E034 (10/03)																																											
Suite, Apt. #, etc. Suite 131		Suite, Apt. #, etc. 																																													
City & State Jacksonville, FL		City & State Tarpon Springs, FL																																													
Zip 32256		Zip 34688																																													
Country USA		Country USA		4. FFI Number 																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																															
6. Name and Address of Current Registered Agent Crosley Powel 13000 Sawgrass Village Cir. #30 Ponte Vedra Beach, FL 32082				7. Name and Address of New Registered Agent Name Chris P. O'Leary Street Address (P.O. Box Number is Not Acceptable) 1563 Eagles Reach City Tarpon Springs FL Zip Code 34688																																											
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  Chris P. O'Leary 4/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%; padding: 2px;"> President, Treasurer, Director O'Leary, Chris P., 1563 Eagles Reach Tarpon Springs, FL 34688 </td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> Secretary O'Leary, Melissa 1563 Eagles Reach, Tarpon Springs, FL 4688 </td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer, Director O'Leary, Chris P., 1563 Eagles Reach Tarpon Springs, FL 34688	<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	Secretary O'Leary, Melissa 1563 Eagles Reach, Tarpon Springs, FL 4688	<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
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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:  Chris P. O'Leary 4/12/05 727-937-9202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															