

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90039 040 ***150.00

DOCUMENT # F02000003485					
1. Entity Name ZT MORTGAGE, INCORPORATED					
Principal Place of Business 1478 ATWOOD AVENUE, SUITE 205 JOHNSTON, RI 02919			Mailing Address 1478 ATWOOD AVENUE, SUITE 205 JOHNSTON, RI 02919		
2. Principal Place of Business 1525 OLD LOUISQUISSETT PIKE		3. Mailing Address			
Suite, Apt. #, etc. B205		Suite, Apt. #, etc.			
City & State LINCOLN, RI		City & State		4. FEI Number 05-0517362	
Zip 02865		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASSELLA, CARL 5940 30TH AVENUE SOUTH, #303 GULFPORT, FL 33707			Name Stephen C Tammello		
			Street Address (P.O. Box Number is Not Acceptable) 6562 Bellingham Street		
			City NAVARRE		
			State FL		
			Zip Code 32566		
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 <u><i>Stephen C Tammello President</i></u> 1/15/04 <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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS TAMMELLEO, STEPHEN C 36 SPRING DRIVE JOHNSTON, RI 02919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS TAMMELLEO, STEPHEN C. 6562 BELLINGHAM STREET NAVARRE, FL 32566	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Stephen C Tammello President</i></u> 1/15/04 (850) 934-5255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					