## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005643

FILED Jan 07, 2005 Secretary of State

Entity Na	me: FIRST FI	DELITY MORTGAGE GROUF	LTD. INC.			
Current Principal Place of Business:				New Principal Place of Business:		
	AD PLAZA AD, NY 11545		202	201 OLD COUNTRY RD 202 MELVILLE, NY 11747		
Current Mailing Address:				New Mailing Address:		
	AD PLAZA AD, NY 11545		STE 202	201 OLD COUNTRY RD STE 202 MELVILLE, NY 11747		
FEI Number	: 11-3595375	595375 FEI Number Applied For ( ) FEI Number Not Applicable ( )			Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2331 HAN	COMPLIANCE SEN PLACE SSEE, FL 3230	SPECIALISTS, INC. 01 US				
	e named entity s e of Florida.	submits this statement for the	purpose of changir	ıg its registere	ed office or registered agent, or both,	
SIGNATUI						
		ic Signature of Registered Ag	jent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () KAPLAN, BART 110 LINDEN LA UPPER BROOK		Title: Name: Address: City-St-Zi	SVP KAPLAN, B 110 LINDEN D: UPPER BR		
Title:	VS ()	Delete	Title:	PRES	(X) Change ( ) Addition	

DWYER, SEAN Name: Address: 5 TAYLOR DRIVE GLEN COVE, NY 11542 City-St-Zip:

Title: ( ) Delete

Name: Address: City-St-Zip:

LAGREGA, FRANK Name:

Address: 8 AZALEA CT

MILLER PLACE, NY 11764 City-St-Zip:

Title: CFO ( ) Change (X) Addition Name: SALTI, ADAM B

Address: 98 WILMINGTON DR City-St-Zip: MELVILLE, NY 11747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM SALTI **CFO** 01/07/2005