2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2005 8:00 am Secretary of State DOCUMENT # F03000004276 1. Entity Name 05-03-2005 90115 022 ***150.00 MURRAY MORTGAGE INCORPORATED Principal Place of Business Mailing Address 14860 MONTFORT DRIVE, #105 14860 MONTFORT DRIVE, #105 DALLAS TX 75254 DALLAS TX 75254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 75-2938732 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA COMPLIANCE SPECIALISTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2331 HANSEN PLACE TALLAHASSEE FL 32301 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Presiden TITLE **PRES** TITLE Addition Defete MURRAY, ROBERT C JR. NAME NAME Floyd Smit STREET ADDRESS 14860 MONTFORT DRIVE, #105 STREET ADDRESS DALLAS TX 75254 CITY-ST-ZIP CITY-ST-7IP VΡ Change TITLE Delete TITLE MURRAY, CATHERINE NAME NAME ort Ar suite 105 STREET ADDRESS 14860 MONTFORT DRIVE, #105 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75254 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition THILE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

SIGNATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Delete

4/29/64 972-

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FILED