

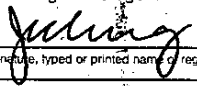



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90268 025 ***150.00

DOCUMENT # F04000000135 1. Entity Name INFINITY HOME LOAN, INC.					
Principal Place of Business 3850 HOLCOMB BRIDGE RD STE. 431 NORCROSS, GA 30092			Mailing Address 3850 HOLCOMB BRIDGE RD STE. 431 NORCROSS, GA 30092		
2. Principal Place of Business 3850 Holcomb Bridge Rd.		3. Mailing Address 3850 Holcomb Bridge Rd.		 02092005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. Suite 432		Suite, Apt. #, etc. Suite 432			
City & State Norcross, GA		City & State Norcross, GA			
Zip 30092		Zip 30092			
Country U.S.A.		Country U.S.A.		4. FEI Number 58-2571134	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PARK, ANDREW 13707 SUNSHOWER CIR ORLANDO, FL 32828			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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:  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEES \$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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP YOU, DANIEL J 3850 HOLCOMB BRIDGE RD STE. 431 NORCROSS, GA 30092	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3850 Holcomb Bridge Rd., Ste. 432 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOU, ANGIE S 3850 HOLCOMB BRIDGE RD STE. 431 NORCROSS, GA 30092	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3850 Holcomb Bridge Rd., Ste. 432 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARK, E.J. 3850 HOLCOMB BRIDGE RD STE. 431 NORCROSS, GA 30092	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/9/05 Daytime Phone #: 740-234-0808		