## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000004128

FILED May 23, 2005 Secretary of State

Entity Name: SOUTH SHORE PREMIER MORTGAGE GROUP CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** 309 S. STATE ST **DOVER, DE 19901 Current Mailing Address: New Mailing Address:** 309 S. STATE ST **DOVER, DE 19901** FEI Number: 51-0406917 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: TORGERSOR, PEGGY 22410 FOUNTAIN LAKES BLVD. ESTER, FL 33928 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change ( ) Addition SHANER, ROBERT SHANER, ROBERT Name: Name: 290 KINGS HWY 290 KINGS HWY Address: Address: City-St-Zip: **DOVER, DE 19901** City-St-Zip: DOVER, DE 19901 Title: VCVP Title: VΡ () Delete (X) Change ( ) Addition Name: SHANER, SUSAN Name: SHANER, SUSAN 290 KINGS HWY 290 KINGS HWY Address: Address: **DOVER, DE 19901** DOVER, DE 19901 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SHANER, SUSAN Name: Name: 290 KINGS HWY Address: Address: City-St-Zip: DOVER, DE 19901 City-St-Zip:

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: ROBERT SHANER PRES 05/23/2005