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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

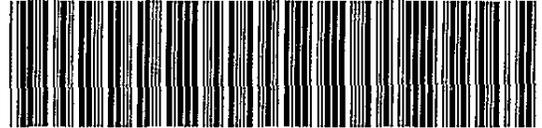
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mortgage Specialists of ALABAMA, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dorothy A. Reid
(Name of Person)
Mortgage Specialists of ALABAMA, INC.
(Firm/Company)
2112 Rocky Ridge Road, Suite 200
(Address)
Hoover, AL 35216
(City/State and Zip code)

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P. 12:01

For further information concerning this matter, please call:

Dorothy Reid at (205) 822-7419
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Mortgage Specialists of Alabama, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama 3. 63-1257483
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/11/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)

7. 2112 Rocky Ridge Road, Suite 200, Hoover, AL 35216
(Principal office address)

2112 Rocky Ridge Road, Suite 200, Birmingham, AL 35216
(Current mailing address)

8. Origination of mortgages
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COMPLIANCE CONSULTING CORPORATION OF FLORIDA

Office Address: 521 LAKE AVE #4
LAKE WORTH, Florida 33462
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Dorothy A. Reid

Address: 3012 PANORAMA BROOK Circle
Vestavia Hills, AL 35216

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

SECRETARY OF THE STATE
TALLAHASSEE, FL
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B. OFFICERS

President: Dorothy A. Reid

Address: 3012 PANORAMA BROOK Circle
Vestavia Hills, AL 35216

Vice President: Same

Address: _____

Secretary: Same

Address: _____

Treasurer: Same

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Dorothy A. Reid
(Signature of Director or Officer listed in number 12 of the application)

14. Dorothy A. Reid, President
(Typed or printed name and capacity of person signing application)

Nancy L. Worley
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

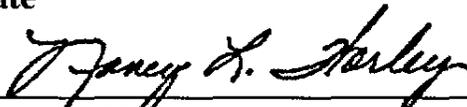
the domestic corporation records on file in this office disclose that Mortgage Specialists of Alabama, Inc. incorporated in Jefferson County, Birmingham, Alabama on September 11, 2000. I further certify that the records do not disclose that said Mortgage Specialists of Alabama, Inc. has been dissolved.

FILED
2004 DEC 22 P 12:01
SECRETARY OF STATE
MONTGOMERY, ALABAMA

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

December 10, 2004

Date



Nancy L. Worley

Secretary of State

