

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005740

Entity Name: IMORTGAGE.COM, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

4800 NORTH SCOTTSDALE ROAD
SUITE 3800
SCOTTSDALE, AZ 85251

New Principal Place of Business:

Current Mailing Address:

4800 NORTH SCOTTSDALE ROAD
SUITE 3800
SCOTTSDALE, AZ 85251

New Mailing Address:

FEI Number: 86-0953952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLOXOM, DEAN S
Address: 4800 N. SCOTTSDALE RD., STE 3800
City-St-Zip: SCOTTSDALE, AZ 85251 US

Title: VSTD () Delete
Name: JOHNSON, JAY D
Address: 4800 N. SCOTTSDALE RD., STE 3800
City-St-Zip: SCOTTSDALE, AZ 85251 US

Title: D () Delete
Name: WIEGER, GARTH R
Address: 6808 N. 48TH ST.
City-St-Zip: PARADISE VALLEY, AZ 85253 US

Title: D () Delete
Name: MOZILO, RALPH S
Address: 41201 N SCHOOLHOUSE RD
City-St-Zip: CAVE CREEK, AZ 85331

Title: D () Delete
Name: WADE, KATHLEEN R
Address: 5320 E SAGUARO PLACE
City-St-Zip: PARADISE VALLEY, AZ 85253 US

Title: D () Delete
Name: FARLEY, JAMES
Address: 3622 EAST MARLETE AVENUE
City-St-Zip: PARADISE VALLEY, AZ 85253

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DEAN BLOXOM

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date