

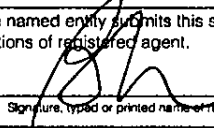
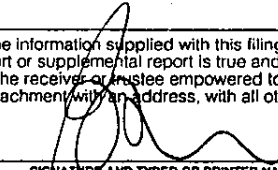


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90300 046 \*\*\*150.00

<b>DOCUMENT # H93814</b> 1. Entity Name <b>ATKINS MORTGAGE CORPORATION</b>					
Principal Place of Business <b>221 LONDENDERRY DR SARASOTA, FL 34240 US</b>			Mailing Address <b>221 LONDENDERRY DR SUITE 105 SARASOTA, FL 34240 US</b>		
2. Principal Place of Business		3. Mailing Address <b>221 LONDENDERRY DR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>NO SUITE #</b>			
City & State 		City & State <b>SARASOTA, FL</b>			
Zip 		Country 		4. FEI Number <b>59-2637442</b>	
Zip <b>34240</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ATKINS, LILLIAN, L 221 LONDENDERRY DR SARASOTA, FL 34240</b>				7. Name and Address of New Registered Agent Name <b>SAMUELS, BARBARA J</b> Street Address (P.O. Box Number is Not Acceptable) <b>221 LONDENDERRY DRIVE</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34240</b>	
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:  <b>Barbara J. Samuels</b> <b>4-23-05</b> DATE: <b>April 23, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINS, LILLIAN 221 LONDENDERRY DR SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMUELS, BARBARA J 221 LONDENDERRY DRIVE SARASOTA, FL 34240
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, SOL 221 LONDENDERRY DR SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, LILLIAN 221 LONDENDERRY DRIVE SARASOTA, FL 34240
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, BARBARA J 221 LONDENDERRY DR SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, LILLIAN 221 LONDENDERRY DRIVE SARASOTA, FL 34240
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, BRUCE S 300 LONDENDERRY DRIVE SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, BRUCE S 300 LONDENDERRY DRIVE SARASOTA, FL 34240
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, BRUCE S 300 LONDENDERRY DRIVE SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, BRUCE S 300 LONDENDERRY DRIVE SARASOTA, FL 34240
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>BARBARA J SAMUELS</b> <b>4-23-05</b> <b>941-342-0475</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					