2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J19135

FILED Feb 03, 2005 Secretary of State

Entity Name: FIRST FLORIDA MORTGAGE AND CONSULTING CORPORATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1269 EAST SILVER SPGS. BLVD OCALA, FL 34470 US

Current Mailing Address: New Mailing Address:

1269 EAST SILVER SPGS. BLVD OCALA, FL 34470 US

FEI Number: 59-2898183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 MARKHAM, JOYCE M.
 BRYANT, JOYCE M.

 513 SW 48TH ST ROAD
 513 SW 48TH ST ROAD

 OCALA, FL 34474 US
 OCALA, FL 34474 US

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: JOYCE M. BRYANT 02/03/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MARKHAM-BRYANT, JOYCE M
 Name:
 BRYANT, JOYCE M

 Address:
 513 SW 48TH ST ROAD
 Address:
 513 SW 48TH ST ROAD

City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL 34474

Title: D () Delete Title: () Change () Addition

 Name:
 BRYANT, HELLIOUS L.,
 Name:

 Address:
 2306 NE 40TH LN
 Address:

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 BRYANT, CHARLES E
 Name:

 Address:
 513 SW 48 STREET ROAD
 Address:

 City-St-Zip:
 OCALA, FL 34474 US
 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: JOYCE M. BRYANT PD 02/03/2005