2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 07, 2005 08:00 AM Secretary of State **DOCUMENT # J39064** 1. Entity Name CELTIC MORTGAGE, INC. Principal Place of Business Mailing Address 721 US HWY 1 STE 205 721 US HWY 1 STE 205 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 CR2E034 (10/03) 06302005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2748075 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MACKLIN, KEVIN 5849 OKEECHOBEE BLVD IN THIS SPACE WEST PALM BEACH, FL 33417 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 Florids. I am femiliar with, and accept the obligations of registered agent. \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Compaign Financing FILE NOWII FEE IS \$150.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MACKLIN, KEVIN NAME OSOSADS PARACESTAS RELIGIOS 721 US HWY ONE STREET ADDRESS NORTH PALM BEACH, FL. 33408 CITY-ST-ZIP TITLE NAME MACKLIN, GAY 721 US HWY ONE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 TILE NAME STREET ADDRESS DO NOT WELLE CITY-ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(f). 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 earne legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or inustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-BT-ZIP

STANATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR BROWNER

6/30/05 561-841-7411 Date Destano Prome il

FILED