

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K52236

FILED
Jun 14, 2005
Secretary of State**Entity Name:** THE ADDISON MORTGAGE GROUP, INC.**Current Principal Place of Business:**7100 W. CAMINO REAL BLVD.
SUITE 403
BOCA RATON, FL 33433**New Principal Place of Business:****Current Mailing Address:**C/O BLAKESBERG & CO
951 SW 4TH AVENUE
BOCA RATON, FL 334325803**New Mailing Address:****FEI Number:** 65-0087669**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLAKESBERG, WILLIAM
% BLAKEBERG & COMPANY
951 S.W. 4TH AVENUE
BOCA RATON, FL 33432 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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SOLOMON, EDWARD R
Address: 7100 W CAMINO REAL BLVD #403
City-St-Zip: BOCA RATON, FL 33433

Title: DPST () Delete
Name: SOLOMON, KAREN L
Address: 7100 W CAMINO REAL BLVD #403
City-St-Zip: BOCA RATON, FL 33433

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPS (X) Change () Addition
Name: SOLOMON, KAREN L
Address: 7100 W CAMINO REAL BLVD #403
City-St-Zip: BOCA RATON, FL 33433

Title: T () Change (X) Addition
Name: RYAN, APRIL P
Address: 7100 W. CAMINO REAL BLVD. #403
City-St-Zip: BOCA RATON, FL 33433

Title: V () Change (X) Addition
Name: VANOVERBEKE, ERICA
Address: 7100 W. CAMINO REAL BLVD. #403
City-St-Zip: BOCA RATON, FL 33433

Title: V () Change (X) Addition
Name: WEEKS, SUSAN
Address: 7100 W. CAMINO REAL BLVD. SUITE 403
City-St-Zip: BOCA RATON, FL 33433

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: KAREN L. SOLOMON

DPS

06/14/2005

Electronic Signature of Signing Officer or Director

Date