2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14740

Entity Name: THE BANCMORTGAGE GROUP, INC.

FILED Apr 25, 2005 Secretary of State

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

2803 W BUSCH BLVD 2901 W BUSCH BLVD S102 2901 W BUSCH BLVD SUITE 608

TAMPA, FL 33618 US TAMPA, FL 33618 U

Current Mailing Address: New Mailing Address:

C/O THOMAS J. CANNON
2803 W. BUSCH BLVD., SUITE 102
TAMPA, FL 33618
US
C/O THOMAS J. CANNON
2901 W. BUSCH BLVD., SUITE 608
TAMPA, FL 33618
US
TAMPA, FL 33618
US

FEI Number: 59-2965539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CANNON, THOMAS J.
2803 WEST BUSCH BLVD.
SUITE 102
TAMPA, FL 33618 US

CANNON, THOMAS J.
2901 WEST BUSCH BLVD.
SUITE 608
TAMPA, FL 33618 US

CANNON, THOMAS J.
2901 WEST BUSCH BLVD.
SUITE 608
TAMPA, FL 33618 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: THOMAS J CANNON 04/25/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CANNON, THOMAS J.,
 Name:

 Address:
 1103 FLORES DE AVILA
 Address:

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 CANNON, THOMAS J.,
 Name:

 Address:
 1103 FLORES DE AVILA
 Address:

 City-St-Zip:
 TAMPA, FL 33613
 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: THOMAS J CANNON P 04/25/2005