2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90091 037 ***150.00

DOCUMENT # L30262

1. Entity Name
POWER MORTGAGE CORP.

Principal Place of Business	Mailing Address
900 WEST LINTON BLVD. SUITE 202 DELRAY BEACH, FL 33444	900 WEST LINTON BLVD. SUITE 202 DELRAY BEACH, FL 33444

2. Principal Place of Business	3. Mailing Address
131 N SWINTON AVE	131 N SWINTON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33444 Country: US	Zip: 33444 Country: US

600026070

01202005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0164019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEMISH, STEVEN W. 900 WEST LINTON BOULEVARD SUITE 202 DELRAY BEACH, FL 33444	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMISH, JAMES W. 8073 BOCA RIO DIRVE BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T KEMISH, STEVEN W. 814D SEVERN DRIVE BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEMISH, STEVEN W. 814D SEVERN DRIVE BOCA RATON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: STEVEN W KEMISH V.P. 3/16/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date