2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050378

Entity Name: SPECIALIZED MORTGAGE CO.

FILED May 17, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | | |
|---|---|--|---|--|--|--|
| 1950 LEE STE 110 WINTER F | RD. PARK, FL 327 | 89 | 331 N. MAITLAND AVE STE B3 MAITLAND, FL 32751 | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | | |
| 1950 LEE STE 110 WINTER F | RD. PARK, FL 327 | 89 | 331 N. MAITLAND AVE STE B3 MAITLAND, FL 32751 | | | |
| FEI Number: | : 59-3644572 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | | |
| 10609 LÉA | DOUGLAS ADER LANE D, FL 32825 | US | | | | |
| | named entity e of Florida. | submits this statement for the | e purpose of changing its registered | office or registered agent, or both, | | |
| SIGNATU | RE: | | | | | |
| | Electro | nic Signature of Registered A | gent | Date | | |
| | | 93(2)(b), F.S., the corporation did g Trust Fund Contribution (). | not receive the prior notice. | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PD (MUTUGI, DOU 10609 LEADE ORLANDO, FL | R LANE | Title: (Name: Address: City-St-Zip: |) Change()Addition | | |
| Title: Name: Address: City-St-Zip: | MUTUGI, THO | N WOODS TRL | Title: (Name: Address: City-St-Zip: |) Change ()Addition | | |

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: DOUGLAS MUTUGI | PD | 05/17/2005 |
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