

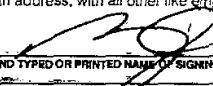


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**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000070523</b>		
1. Entity Name ADVANCED MORTGAGE PROFESSIONALS, INC.		
Principal Place of Business 4509 BEE RIDGE ROAD UNIT B SARASOTA, FL 34232	Mailing Address 4509 BEE RIDGE ROAD UNIT B SARASOTA, FL 34232	  03212005 No Chg-P CR2E034 (10/03)  4. FEI Number 65-1025347 Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON, FL 34209		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. U000000274912 03/24/05-80030-010 150.00 DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COOK, JEFFREY 7248 S. LEEWYN DR SARASOTA, FL 34240	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO QUIMBY, BRIAN 3904 MEADOW CREEK DRIVE SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.  <b>SIGNATURE:</b>  Brian Quimby C.O.O. 3/21/05 941-342-6445 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		