2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000101985

Address:

City-St-Zip:

16349 S.W. 11TH STREET

PEMBROKE PINES, FL 33027

Entity Name: NORTHSTAR MORTGAGE SERVICES INC

FILED Apr 26, 2005 Secretary of State

| Entity Nai | ne: NORTH | STAR WORTGAGE SER | VICES, INC. | | | |
|---|---|------------------------------|-----------------------|--|---|--|
| Current P | rincipal Plac | e of Business: | Nev | New Principal Place of Business: | | |
| 269 NORTH UNIVERSITY DRIVE SUITE D | | | | | | |
| | KE PINES, FL | 33024 | | | | |
| Current M | lailing Addre | ss: | Nev | New Mailing Address: | | |
| SUITE D | 'H UNIVERSI' | | | | | |
| PEMBRON | KE PINES, FL | 33024 | | | | |
| FEI Number: | 65-1051685 | 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: | | |
| 16334 S.W | NELSON JR /. 11ST STRE (E PINES, FL | | | | | |
| | named entity e of Florida. | submits this statement for | or the purpose of cha | anging its register | ed office or registered agent, or both, | |
| SIGNATUR | RE: | | | | | |
| | Electro | nic Signature of Register | ed Agent | | Date | |
| Election Car | npaign Financir | ng Trust Fund Contribution (|). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | MEDINA, NEL: 16334 S.W. 1 | | | | () Change () Addition | |
| Title: Name: | VSD (MEDINA, DAN |) Delete IEL | Title Nam | | (X) Change()Addition DANIEL | |

Address:

City-St-Zip:

16306 S.W. 11TH STREET

PEMBROKE PINES, FL 33027

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: NELSON MEDINA JR PD 04/26/2005