

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P0000117098 1. Entity Name UNITED INTERNATIONAL MORTGAGE CORPORATION	
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FILED

04 NOV 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 400 SMITHTOWN ROAD, SUITE 100 SUWANEE, GA 30024	Mailing Address 400 SMITHTOWN ROAD, SUITE 100 SUWANEE, GA 30024
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

10262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3697169	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

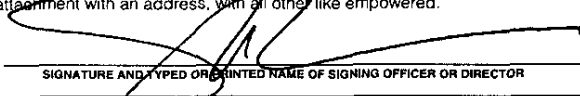
700042955677
11/23/04--01030--005 **\$61.25

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, AMY <input type="checkbox"/> Delete 2770 GRAVEL SPRINGS ROAD BUFORD, GA 30519	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hodges, Douglas E. 2645 Peachtree Walk Duluth, GA 30096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete LONG, LAURIE 883 CAMBRON COMMONS DRIVE SUWANEE, GA 30024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pruitt, Carl C. 4895 Puritan Drive Sugar Hill, GA 30518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete PARKERSON, TRACY 2539 SANDY CREEK ROAD COMMERCE, GA 30130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brown, Christopher W. 4025 Inman Park Lane Buford, GA 30519
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input checked="" type="checkbox"/> Delete JENKINS, AMY 847 MAULDIN ROAD JEFFERSON, GA 30549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

AR 11/23/04

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: 

 10/20/04 678-714-4949
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR