2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P00000117732

Entity Name: POWER CENTER MORTGAGE, INC.

Current Principal Place of Business:

640 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

4240 S. RIDGEWOOD AVE
3
PORT ORANGE, FL 32127

Current Mailing Address:

640 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Mailing Address:

4240 S. RIDGEWOOD AVE
3
PORT ORANGE, FL 32127

FEI Number: 59-3688985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE STE B-1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSVT ( ) Delete
Name: MATTHEWS, D GALE
Address: 640 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: MATTHEWS, D GALE
Address: 640 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSVT (X) Change ( ) Addition
Name: MATTHEWS, D GALE
Address: 4240 S. RIDGEWOOD AVE #3
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change ( ) Addition
Name: MATTHEWS, D GALE
Address: 4240 S. RIDGEWOOD AVE #3
City-St-Zip: PORT ORANGE, FL 32127

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: MATTHEWS D GALE PSVT 04/27/2004

Electronic Signature of Signing Officer or Director — Date