2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000052380

City-St-Zip:

Entity Name: PROSPERITY PLUS MORTGAGE, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 455 NW 210TH ST., SUITE 102 20535 NW 2ND AVE MIAMI, FL 33169 SUITE 202 MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 455 NW 210TH ST., SUITE 102 20535 NW 2ND AVE MIAMI, FL 33169 SUITE 202 MIAMI, FL 33169 US FEI Number: 65-1109439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALKER, VIRGIL 20620 NW 34TH AVE MIAMI, FL 33056 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change (X) Addition Title: () Delete Title: WALKER, BODEREK MISS Name: Name: 20535 NW 2ND AVE SUITE 202 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33169 US () Delete Title: Title: () Change (X) Addition Name: Name: WALKER, NICOLE MRS. 20535 NW 2ND AVE SUITE 202 Address Address: MIAMI, FL 33169 US City-St-Zip: City-St-Zip: Title: Title: () Delete V P () Change (X) Addition WALKER, VIRGIL MR. Name: Name: 20535 NW 2ND AVE SUITE 202 Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33169 US Title: () Delete Title: () Change (X) Addition WALKER, TASHARI MISS Name: Name: Address: Address: 20535 NW 2ND AVE SUITE 202

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.

City-St-Zip:

MIAMI, FL 33169

SIGNATURE: NICOLE WALKER PRES 04/26/2002