2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004
Secretary of State

DOCUMENT# P01000089833

Entity Name: CELESTIAL MORTGAGE COMPANY

Current Principal Place of Business:

704 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

511 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

704 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

511 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

FEI Number: 59-3733708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GROZA, PATRICIA A
1417 SW OSPREY COVE
PORT ST. LUCIE, FL 34986

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: PD ( ) Delete
Name: SZARY, NICOLIA C
Address: 1326 SW BRIARWOOD DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD ( ) Delete
Name: GROZA, PATRICIA A
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: STD ( ) Delete
Name: GROZA, JOHN A
Address: 2074 SW CAPEADOR ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PATRICIA A GROZA VP/D 08/19/2004

Electronic Signature of Signing Officer or Director — Date