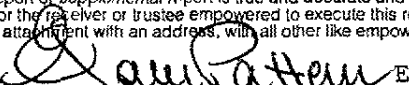


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000092681						
1. Entity Name CROWN HOME LOANS, INC.						
Principal Place of Business 701 PROMENADE DRIVE SUITE 102 PEMBROKE PINES, FL 33026	Mailing Address 701 PROMENADE DRIVE SUITE 102 PEMBROKE PINES, FL 33026	 04072004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-1155948</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-1155948	Applied For Not Applicable	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
4. FEI Number 65-1155948	Applied For Not Applicable					
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent TAYLOR, MICHAEL 17334 NW 62ND COURT HIALEAH, FL 33015		DO NOT WRITE IN THIS SPACE				
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.						
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		04/29/04-80049-013 158.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, ELAINE 701 PROMENADE DRIVE SUITE 102 PEMBROKE PINES, FL 33026	DO NOT WRITE IN THIS SPACE				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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:  Elaine Patterson		Date 4/27/04 954-433-8114 Daytime Phone #				