


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90076 013 ***150.00

DOCUMENT # P01000114081

1. Entity Name
KURANDA FINANCIAL MORTGAGE INC.



Principal Place of Business 617 WEST LANCASTER AVE. WAYNE, PA 19087	Mailing Address 617 WEST LANCASTER AVE. WAYNE, PA 19087
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

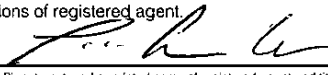
4. FEI Number 23-2927073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KURANDA, THOMAS A
 7965 PRESERVE CIRCLE #737
 NAPLES, FL 34119**

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  DATE **1/4/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURANDA, THOMAS 617 W. LANCASTER AVE. WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas R. Gordon 617 W. Lancaster Ave. Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Scott L. Yakeley 2 W. Lancaster Ave. Ardmore, PA 19003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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(3)(l), 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:  **Thomas KURANDA** DATE: **1/4/2005** DAYTIME PHONE: **610-975-9940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR