


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90004 014 \*\*\*150.00

<b>DOCUMENT # P01000116155</b>	
1. Entity Name <b>1ST MORTGAGE SOLUTIONS, INC.</b>	

Principal Place of Business <b>427 S. 9TH STREET LEESBURG, FL 34748</b>	Mailing Address <b>427 S. 9TH STREET LEESBURG, FL 34748</b>
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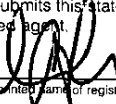
2. Principal Place of Business <b>414 W. Main St Suite, Apt. #, etc. #206</b>	3. Mailing Address <b>414 W. Main St Suite, Apt. #, etc. #206</b>
City & State <b>Leesburg</b>	City & State <b>Leesburg</b>
Zip <b>34748</b>	Country <b>USA</b>



03082003 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3760051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SIWEK, STANLEY P 427 S. 9TH STREET LEESBURG, FL 34748</b>	
7. Name and Address of New Registered Agent Name <b>Stanley P. Siwek</b> Street Address (P.O. Box Number is Not Acceptable) <b>414 W Main St #206</b> City <b>Leesburg</b> FL Zip Code <b>34748</b>	

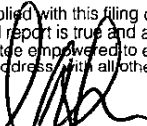
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Stanley P. Siwek, President** **6-17-04**  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SIWEK, STANLEY P 4305 EMMAUS RD FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIWEK, JHONETTE M 4305 EMMAUS RD FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIWEK, JONATHAN M 4305 EMMAUS RD FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Stanley P. Siwek** **6-17-04** **352-728-4334**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #