2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119469

FILED Jan 10, 2005 Secretary of State

Entity Nam	ie: INDIAN RI	VER MORTGAGE, INC.			
Current Pri	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE B-2	EWOOD AVE ER, FL 32132				
Current Ma	ailing Address	s:	New Mailing Address	New Mailing Address:	
SUITE B-2	EWOOD AVE				
FEI Number:	59-3761110	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CARNLEY, GRACE FINKE 4160 SADDLE CLUB DRIVE NEW SMYRNA BEACH, FL 32168 US			4450 STATE RD 44	CARNLEY, GRACE FINKE 4450 STATE RD 44 NEW SMYRNA BEACH, FL 32168 US	
The above in the State		ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: GRACE FINKE CARNLEY				01/10/2005	
Electronic Signature of Registered Agent			ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CARNLEY, GRA 4450 STATE RO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CONCANON, KR 1114 N. PENINS		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GRACE FINKE CARNLEY **PRES** 01/10/2005