## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000008621

FILED Jan 19, 2005 Secretary of State

Entity Nam	ie: SENSIBLE	: MORTGAGE SOLUTIONS, I	NC.					
Current Principal Place of Business:				New Principal Place of Business:				
	IGTON ROAD /ILLE, FL 322 <sup>,</sup>							
Current Mailing Address:				New Mailing Address:				
	IGTON ROAD /ILLE, FL 322 <sup>,</sup>							
FEI Number: 5	59-3750580	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate	of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:				
	SHUA J RGATE TRAIL /ILLE, FL 3222	23 US						
The above r		ubmits this statement for the p	ourpose of	changing it	s registered o	office or reg	gistered agent, or both,	
SIGNATUR								
	Electroni	c Signature of Registered Age	ent			Da	ate	
Election Cam	paign Financing	Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	JASON, SLAVES 1007 20TH STRI			Title: Name: Address: City-St-Zip:	PD (X HYNES, JAMES 11810 INDIAN JACKSONVILLI	BLUFF COVE	≣	

Title: () Delete Title: () Change () Addition

W. ROGER WHITEHEAD. Name: Name: Address: 4165 OLD MILL COVE TRAIL Address: JACKSONVILLE, FL 32277 City-St-Zip: City-St-Zip:

Title: Title: PD (X) Delete () Change () Addition

Name: HYNES, JAMES R Name: 11810 INDIAN BLUFF COVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 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: JAMES R. HYNES PD 01/19/2005