

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065097

FILED
Apr 28, 2005
Secretary of State

Entity Name: AT YOUR SERVICE MORTGAGE, INC.

Current Principal Place of Business:

101 SOUTH WYMORE ROAD
SUITE 225
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

101 SOUTH WYMORE ROAD
SUITE 225
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 47-0869470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAUMEN, BRUCE
1198 N FLORAL WAY
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAUMEN, BRUCE
Address: 1198 N FLORAL WAY
City-St-Zip: APOPKA, FL 32703

Title: VP () Delete
Name: JONES, TIM
Address: 515 TOPAZ WAY
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JONES, TIM
Address: 100 CLOVE COURT
City-St-Zip: LONGWOOD, FL 32750

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: BRUCE DAUMEN

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date