2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000077824

1. Entity Name

UNIVERSAL MORTGAGE & FINANCIAL CONSULTANTS. INC.



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

7041 GRAND NATIONAL DR

SUITE 200 ORLANDO, FL 32819

Mailing Address

5042 CALLE DEL SOL ORLANDO, FL 32819



04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 04-3703129

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, NIRAJ V 5042 CALLE DEL SOL ORLANDO, FL 32819

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 Signature, typod of purities game of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD PATEL, NIRAJ V 5042 CALLE DEL SOL ORLANDO, FL 32819				######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000139232 04/29/04-80112-017 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - SI - ZIP		1			
12. I hereby certify that the Information supplied with this filling 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 simpowered 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 any address, with all other like empowered.					

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TY