

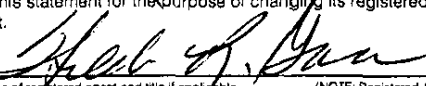
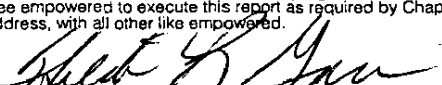


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90075 026 \*\*\*150.00

<b>DOCUMENT # P02000126287</b> 1. Entity Name <b>SUNSHINE QUEST MORTGAGE COMPANY, INC.</b>																																									
Principal Place of Business <b>1330 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34744</b>			Mailing Address <b>717 EAST OAK STREET KISSIMMEE, FL 34744</b>																																						
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  03212005    Chg-P    CR2E034 (10/03)																																					
City & State  Zip    Country		City & State  Zip    Country																																							
4. FEI Number <b>14-1857624</b>		Applied For <input type="checkbox"/> Not Applicable																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>SWART, HARRY J CPA 717 E OAK STREET KISSIMMEE, FL 34744</b>																																					
7. Name and Address of New Registered Agent Name <b>Hilda Garcia</b> Street Address (P.O. Box Number is Not Acceptable) <b>1330 N. John Young Parkway</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</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  DATE <b>4/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, HILDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2603 KESWICK CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34744</td> <td></td> </tr> </table>		TITLE	DPST	<input type="checkbox"/> Delete	NAME	GARCIA, HILDA		STREET ADDRESS	2603 KESWICK CT.		CITY-ST-ZIP	KISSIMMEE, FL 34744																									
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1330 N. John Young Parkway</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Kissimmee, FL 34741</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	1330 N. John Young Parkway	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Kissimmee, FL 34741		STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																
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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:  DATE <b>4/4/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									