

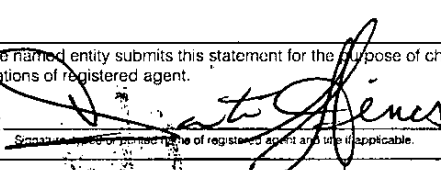
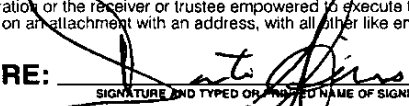


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 050 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P02000131474 1. Entity Name CREATIVE MORTGAGE RESOURCES, INC. | | | |  | |
| Principal Place of Business 6252 SEMINOLE TERRACE MARGATE, FL 33063 | | | | Mailing Address 6252 SEMINOLE TERRACE MARGATE, FL 33063 | |
| 2. Principal Place of Business 2700 W. Atlantic Blvd Suite, Apt. #, etc. Suite 109 City & State Pompano Beach FL Zip 33069 Country Broward | | 3. Mailing Address 2700 W. Atlantic Blvd Suite, Apt. #, etc. Suite 109 City & State Pompano Beach FL Zip 33069 Country Broward | |  | |
| 4. FEI Number 13-4226631 | | | | 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 HINES, DANTE' B 2775 TREASURE COVE CIRCLE FORT LAUDERDALE, FL 33312 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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:  (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HINES, DANTE' B 2775 TREASURE COVE CIRCLE FORT LAUDERDALE, FL 33312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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:  DANTE HINES 7/28/05 954-968-7117 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



ATTACHMENT 50058851
#P2000131474
Creative Mortgage Resources, Inc.

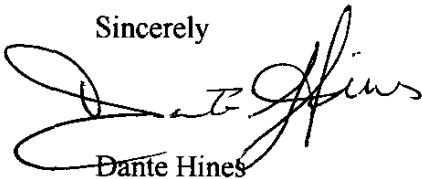
Licensed Correspondent Lender

7/28/2005

To Whom It May Concern:

I did not receive the annual renewal notice. Here is my check and my application for renewal. Thank you for your anticipated cooperation in this matter

Sincerely



Dante Hines