2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P03000027072 04-16-2004 90043 004 ***150.00 MORTGAGES FOR AMERICA, INC. Mailing Address Principal Place of Business 10191 WEST SAMPLE RD., STE. 211-A 10191 WEST SAMPLE RD., STE. 211-A CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 04122004 CR2E034 (10/03) 4. FELNumber Applied For City & State City & State 2524227 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARDER, MITCHELL -Street Address (P.O.:Box Number is Not Acceptable) 10191 WEST SAMPLE RD., STE. 211-A 210 CORAL SPRINGS, FL 33065 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES, DENT ☐ Delete TITLE ☐ Change □ Addition TITLE MITEHELL MANDER NAME 1019 1 West sample RI) STE CONTOR 210 STREET ADDRESS STREET ADDRESS CORNE SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 sustee 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 attackment with a pldrysk, with an order of the corporation of the corporat

NAME OF SIGNING OFFICER OR DIRECTO

FILED