

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060262

FILED
Apr 22, 2005
Secretary of State

Entity Name: EXPRESS MORTGAGE SOLUTIONS OF KISSIMMEE, INC.

Current Principal Place of Business:

2589 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

New Principal Place of Business:

2587 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

Current Mailing Address:

PO BOX 421985
KISSIMMEE, FL 34741

New Mailing Address:

2587 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

FEI Number: 33-1057320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, JUAN A
11346 CAMPUS LANE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

SALAZAR, JUAN A
2587 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

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: JUAN A. SALAZAR

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALAZAR, JUAN A
Address: PO BOX 421985
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: KELLY, JAMES B III
Address: PO BOX 421985
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALAZAR, JUAN A
Address: 2587 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Change () Addition
Name: KELLY, JAMES B III
Address: 2587 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34744

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: JUAN A. SALAZAR

D

04/22/2005

Electronic Signature of Signing Officer or Director

Date