


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90012 007 \*\*\*150.00

<b>DOCUMENT # P03000062711</b>	
1. Entity Name <b>"A TOUCH OF CLASS" MORTGAGE PROCESSING SERVICES CORPORATION</b>	

Principal Place of Business <b>1915 FIREFERN CT NEW PORT RICHEY, FL 34655</b>	Mailing Address <b>1915 FIREFERN CT NEW PORT RICHEY, FL 34655</b>
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**34037459**

2. Principal Place of Business <b>5328 Trouble Creek Rd</b>	3. Mailing Address <b>same #2</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>New Port Richey FL</b>	City & State
Zip <b>34652</b>	Country <b>USA</b>

03032004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0035644**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>RYZOWICZ, MICHELLE M 1915 FIREFERN CT NEW PORT RICHEY, FL 34655</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 of registered agent.

SIGNATURE *Michelle M. Ryzowicz, President* DATE *4/19/04*

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST RYZOWICZ, MICHELLE M 1915 FIREFERN CT NEW PORT RICHEY, FL 34655</b> <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	<b>D RYZOWICZ, MICHELLE M 1915 FIREFERN CT NEW PORT RICHEY, FL 34655</b> <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"/> Delete	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"/> Delete	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: *Michelle M. Ryzowicz* *Michelle M. Ryzowicz* *4/19/04* *727 816 9002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #