2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 24, 2005 08:00 AM **DOCUMENT # P03000090627 Secretary of State** 1. Entity Name ASSISTED MORTGAGE, INC. Principal Place of Business Mailing Address P.O. BOX 548 213 MAIN ST. DUNDEE, FL 33838 DUNDEE, FL 33838 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 57-1185737 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEWARINE, CHITRAM DO NOT WRITE 213 MAIN ST. DUNDEE, FL 33838 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE [NOTE: Registered Agent signature required when reneating] Someture, byond or content name of registered agent and trile if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SEWNARINE, CHITRAM NAME STREET ADDRESS 215 MAIN STREET DUNDEE, FL 33838 CTTY-ST-ZIP 1100000194414 TITLE W/25/US-80101-011 61.25 NAME STREET ADDRESS CITY-ST-ZIP $\pi n F$ NAME STREET ADDRESS DO NOT WRITE CITY-\$3-2P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplies indicated on this report or supplementary of the corporation or the receiver or other changed, or on an attachment with an application. ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information no obtained and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this caport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

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