2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90309 024 ***150.00

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1. Entity Name
UNIVERSAL FUNDING MORTGAGE, INC.

Principal Place of Business	Mailing Address
2600 GOLD DUST CIRCLE KISSIMMEE, FL 34744 US	717 EAST OAK STREET KISSIMMEE, FL 34744 US

DO NOT WRITE IN THIS SPACE

03052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2393689
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRADSHAW, BLANKY M
2606 GOLD DUST CIRCLE
KISSIMMEE, FL 34744

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMIREZ, ANTONIO R
STREET ADDRESS	2606 GOLD DUST CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VP
NAME	BRADSHAW, BLANKY M
STREET ADDRESS	2606 GOLD DUST CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	SEC
NAME	RAMIREZ, MAYRA I
STREET ADDRESS	2606 GOLD DUST CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 32877
TITLE	TREA
NAME	HERRERA, MARANGELY
STREET ADDRESS	2606 GOLD DUST CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #