

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131966

Entity Name: U.S. MORTGAGE GROUP INC.

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

10558 SOUTH US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

2481 SE HALLAHAN ST.
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

789 SE FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994 US

New Mailing Address:

789 SE FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994 US

FEI Number: 20-0373960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEFREITAS, ANTHONY P
2481 SE HALLAHAN ST.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

O'GORMAN, KENNETH P VP
789 SE FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994 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: KENNETH O'GORMAN

01/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEFREITAS, ANTHONY P OWNER
Address: 2481 SE HALLAHAN ST.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP () Delete
Name: DEFREITAS, LISA M OWNER
Address: 2481 SE HALLAHAN ST.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEFREITAS, ANTHONY P P
Address: 2481 SE HALLAHAN ST.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP (X) Change () Addition
Name: DEFREITAS, LISA M VP
Address: 2481 SE HALLAHAN ST.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP () Change (X) Addition
Name: O'GORMAN, KENNETH P VP
Address: 789 SE FEDERAL HIGHWAY, SUITE 300
City-St-Zip: STUART, FL 34994 US

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: ANTHONY DEFREITAS

P

01/27/2005

Electronic Signature of Signing Officer or Director

Date