2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000135583** 05-02-2005 90437 043 ***150.00 BEST SOLUTION MORTGAGE CORP., INC. Principal Place of Business Mailing Address 228 COVE LOOP DR. 228 COVE LOOP DR. MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 45-0528199 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mayer, Donald S. MARKEY & FOWLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 228 Cove Loop Drive 25 MCLEOD ST. MERRITT ISLAND, FL 32952 Zip Code 32953 City Merritt Island 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, typed or printed name of registered agent and title if applicable. Donald S. Mayer, Pres. SIGNATURE (NOTE: Registered Agent aignature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD Delete TITLE ? TILE NAME 🤼 -MAYER, DONALD S NAME Mayer, Donald S. 228 COVE LOOP DR. STREET ADDRESS STREET ADDRESS 228 Cove Loop Drive MERRITT ISLAND, FL 32953 CITY-ST-ZIP 32953 CITY-ST-ZIP Merritt Island, FL. TITLE ☐ Delete TITLE VD X Change ☐ Addition MAYER, DEBRA L NAME NAME 228 COVE LOOP DR. Mayer, Debra L. STREET ADDRESS STREET ADDRESS 228 Cove Loop Drive Merritt Island, FL. MERRITT ISLAND, FL 32953 CITY-ST-70P CITY-ST-7/P ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change Change

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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE OF DO DO THE COURSE 452-7525 Donald S. Mayer, Pres. SIGNATURE: _