

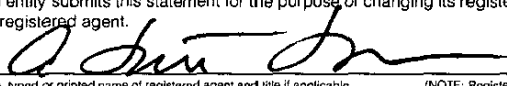
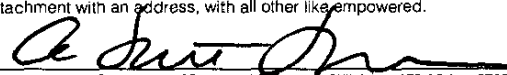


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90755 020 ***158.75

DOCUMENT # P03000136253 1. Entity Name SOUTHERN MORTGAGE CAPITAL INC.																													
Principal Place of Business 134 RIBERIA ST STE 12 ST AUGUSTINE, FL 32084			Mailing Address P.O. BOX 5015 ST AUGUSTINE, FL 32085																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5105 Suite, Apt. #, etc.																											
City & State ST. AUGUSTINE FL		City & State ST. AUGUSTINE FL		4. FEI Number 01-0803560																									
Zip 32085		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GOEDERT, A. SCOTT 171 HERON'S NEST LN ST AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name A. Scott Goedert Street Address (P.O. Box Number is Not Acceptable) 134 R. heron ST #12 City ST. AUG FL 32084																										
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: 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOEDERT, A. SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>171 HERONS NEST LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST AUGUSTINE, FL 32080</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	GOEDERT, A. SCOTT		STREET ADDRESS	171 HERONS NEST LN		CITY-ST-ZIP	ST AUGUSTINE, FL 32080		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: 				Date 4-28-04 Daytime Phone # 904-823-9561																									