

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90048 016 ***150.00

DOCUMENT # P04000065529			
1. Entity Name ALL LENDERS MORTGAGE CORPORATION			
Principal Place of Business 9681 CAROUSEL CIRCLE NORTH BOCA RATON, FL 33434 US		Mailing Address 9681 CAROUSEL CIRCLE NORTH BOCA RATON, FL 33434 US	
2. Principal Place of Business 9611 Parkview Ave Suite, Apt. #, etc.		3. Mailing Address 9611 Parkview Ave Suite, Apt. #, etc.	
City & State BOCA RATON FL 33428		City & State BOCA RATON FL 33428	
Country FLORIDA BEACH		Country FLORIDA BEACH	
6. Name and Address of Current Registered Agent PRINCE, GARY 9681 CAROUSEL CIRCLE NORTH BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name 9611 Parkview Ave Street Address (P.O. Box Number is Not Acceptable) 9611 Parkview Ave City BOCA RATON FL 33428	
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 GARY PRINCE DATE 1/14/05 <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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINCE, GARY 9681 CAROUSEL CIRCLE NORTH BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9611 Parkview Ave BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOLICA, LORETO 9681 CAROUSEL CIRCLE NORTH BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9611 Parkview Ave BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 my address, with all other like empowered.			
SIGNATURE: GARY PRINCE		DATE: 1/14/05 Daytime Phone #: 954-304-4590	