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Jun 13, 2005 8:00 am
Secretary of State
05-02-2005 90511 041 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000082495

1. Entity Name
PROBLEM SOLVER MORTGAGE, INC.

Principal Place of Business	Mailing Address
2394 GUN FLINT TRAIL PALM HARBOR, FL 34683 US	2394 GUN FLINT TRAIL PALM HARBOR, FL 34683 US

66022855

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
311 Madeira Cir.	311 Madeira Cir.
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: St. Petersburg FL	City & State: St. Petersburg FL
Zip: 33715 Country: U.S.	Zip: 33715 Country: U.S.

4. FEI Number: 20 1156942 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ERTURK, OKTAY B
2394 GUN FLINT TRAIL
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name: Erturk, Oktay B.
Street Address (P.O. Box Number is Not Acceptable): 311 Madeira Cir.
City: St. Petersburg FL Zip Code: 33715

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERTURK, OKTAY B 2394 GUN FLINT TRAIL PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Erturk, Oktay B. 311 Madeira Cir. St. Petersburg FL 33715	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #