
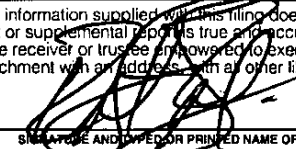


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90006 032 \*\*\*158.75

<b>DOCUMENT # P04000129390</b> 1. Entity Name <b>PS MORTGAGE &amp; FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>1011 N. STATE RD. 7</b> <b>ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>P.O. BOX 17726</b> <b>W. PALM BEACH, FL 33416</b>		
2. Principal Place of Business <b>1489 N. MILITARY TR</b> Suite, Apt. #, etc. <b>STE 209</b>			3. Mailing Address Suite, Apt. #, etc.  City & State <b>WEST PALM BEACH, FL</b>		
City & State <b>WEST PALM BEACH, FL</b>			City & State  		
Zip <b>33409</b>			Country <b>FL</b>		
4. FEI Number <b>861063302</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ST. JEAN, PAUL R</b> <b>12626 WHITE CORAL DR.</b> <b>WELLINGTON, FL 33414</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>6/6/05</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ST. JEAN, PAUL R</b> <b>12626 WHITE CORAL DR.</b> <b>WELLINGTON, FL 33414</b>		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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 an address with all other like empowered.					
SIGNATURE:  DATE <b>6/6/05</b> DAYTIME PHONE # <b>561-282-8161</b>					
Signature and typed or printed name of signing officer or director					