## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000155675

City-St-Zip:

MIAMI, FL 33169

Entity Name: MORTGAGES FOR HOMES LENDING INC

FILED Apr 18, 2005 Secretary of State

LINKY NAME: WORTGAGEST OR FIOWIES LENDING, INC						
Current Principal Place of Business:				New Principal Place of Business:		
20401 NW 2ND AVE, SUITE 226 MIAMI, FL 33169				633 NORTHEAST 167TH STREET 705 N. MIAMI BEACH, FL 33162		
Current Mailing Address:				New Mailing Address:		
20401 NW 2ND AVE, SUITE 226 MIAMI, FL 33169			SL	20401 NW 2ND AVE, SUITE 226 MIAMI, FL 33169		
FEI Number:	20-1890691	FEI Number Applied For ( )	FEI Number	Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MORGAN, 20401 NW MIAMI, FL	2ND AVE,	SUITE 226 JS				
	named ent e of Florida.		ie purpose of ch	anging its register	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Elec	tronic Signature of Registered	Agent		Date	
Election Car	npaign Finan	cing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P MORGAN, I 20401 NW MIAMI, FL	2ND AVE, SUITE 226			( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		() Delete N, MIKLER G 2ND AVE, SUITE 226 33169		ne: ANDERSO	(X) Change()Addition N, MIKLER / 2ND AVE, SUITE 226 33169	
Title: Name: Address: City-St-Zip:		() Delete SR, FELIPE G 2ND AVE, SUITE 226 33169		ne: SAVOURY	(X) Change ( ) Addition , SR, FELIPE / 2ND AVE, SUITE 226 33169	
Title: Name: Address:	D CHACON, N 20401 NW	()Delete //ARTA G 2ND AVE, SUITE 226	Title Nar Ado	ne: CHACON,	(X) Change()Addition MARTA / 2ND AVE, SUITE 226	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33169

SIGNATURE: KEVIN G MORGAN **PRES** 04/18/2005