2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# P04000163083

Entity Name: NATIONAL FORECLOSURE MANAGEMENT INC,.

Current Principal Place of Business:

6625 MIAMI LAKES DRIVE
SUITE 365
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6625 MIAMI LAKES DRIVE
SUITE 365
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-1952291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HETFELD & ASSOCIATES
6625 MIAMI LAKES DRIVE
SUITE 342
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

WILLIAMS, BERNARD
6625 MIAMI LAKES DRIVE
SUITE 365
MIAMI LAKES, FL 33014 US

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.

SIGNATURE: BERNARD WILLIAMS 08/30/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBERTS, WYMAN
Address: 6625 MIAMI LAKES DRIVE SUITE 365
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP ( ) Delete
Name: CRUMPTON, DERRICK
Address: 160 N.E. 142ND ST. APT. C
City-St-Zip: NORTH MIAMI, FL 33161

Title: O ( ) Delete
Name: ROBERTS, BRENDA
Address: 160 N.E. 142ND ST. APT. C
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CRUMPTON, DERRICK
Address: 6625 MIAMI LAKES DRIVE SUITE 365
City-St-Zip: MIAMI LAKES, FL 33014

Title: O (X) Change ( ) Addition
Name: ROBERTS, BRENDA
Address: 6625 MIAMI LAKES DRIVE SUITE 365
City-St-Zip: MIAMI LAKES, FL 33014

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.

SIGNATURE: WYMAN ROBERTS P 08/30/2005
Electronic Signature of Signing Officer or Director Date