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Secretary of State

04-25-2005 90245 019 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000169472

1. Entity Name
APEX LOAN PROCESSING, INC.

66021137

Principal Place of Business	Mailing Address
4284 SW ELBA STREET PORT ST LUCIE, FL 34953	4284 SW ELBA STREET PORT ST LUCIE, FL 34953

04212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5470 NW Carla Ct	5470 NW Carla Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie FL	City & State: Port St Lucie FL
Zip: 34986 Country: USA	Zip: 34986 Country: USA

4. FEI Number 20-2020444 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMANO, PAUL E 4284 SW ELBA ST PORT ST LUCIE, FL 34953	Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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 [signature] 5/28/05
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 ROMANO, PAUL E 4284 SW ELBA ST PORT ST LUCIE, FL 34953	☐ Delete	President Paul Romano 5470 NW Carla Ct Port St Lucie FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROMANO, CHRISTY A 4284 SW ELBA ST PORT ST LUCIE, FL 34953	☐ Delete	VP Christy Romano 5470 NW Carla Ct Port St Lucie FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] - Christy Romano 4/21/05 772 3403909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #