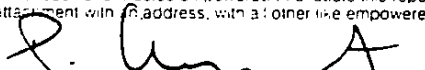


FILED
Aug 29, 2006 8:00 am
Secretary of State

[illegible]

DOCUMENT # P05000059056				Secretary of State	
1. Entity Name 1ST MORTGAGE LENDER, INC.				07-26-2006 90003 037 ***150.00 08-29-2006 90002 024 ***450.00	
Principal Place of Business 1204 STONE HARBOUR ROAD WINTER SPRINGS, FL 32708		Mailing Address 1204 STONE HARBOUR ROAD WINTER SPRINGS, FL 32708			
2. Principal Place of Business		3. Mailing Address		07142006 Chg-P CR2E034 (11/05)	
State, Apt #, etc		State, Apt #, etc		4. FEI Number 20-2717797	
City & State		City & State		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUTCHMIDAT, PARMANAND 1204 STONE HARBOUR ROAD WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent	
				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 _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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-STATE-ZIP PRG LUTCHMIDAT, PARMANAND 1204 STONE HARBOUR ROAD WINTER SPRINGS, FL 32708			TITLE NAME STREET ADDRESS CITY-STATE-ZIP PAID cktt 1163		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a different name empowered.					
SIGNATURE:  7/14/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					