2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 17, 2004 8:00 am Secretary of State DOCUMENT # P92000014774 1. Entity Name 05-17-2004 90009 028 ***150.00 PAR MORTGAGE & INVESTMENT, INC. Principal Place of Business Mailing Address 24 HEARTHSTONE DRIVE ASHEVILLE NC 28803 24 HEARTHSTONE DRIVE ASHEVILLE NC 28803 24075823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0427457 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERKOWITZ, HARRY Street Address (P.O. Box Number is Not Acceptable) 820 SOUTH HOLLYBROOK DRIVE BLDG 57 APT.102 PEMBROKE PINES FL 33025 Zip Code City FL 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME BERKOWITZ, JOEL S NAME STREET ADDRESS STREET ADDRESS. 24 HEARTHSTONE DRIVE ASHEVILLE NC 28803 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BOHAN, DEBORAH A NAME NAME 24 HEARTHSTONE DRIVE STREET ADDRESS STREET ADDRESS ASHEVILLE NC 28803 CITY-ST-7/P CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7E Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. Thereby 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 all other like empowered. **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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#P92000014774 5/11/04 TO whom It MAJ Cow Crisi-RE' WAILER OF Cake Filing FEE. WE MAILED She posterno Acoustras the poplestown four Retorn Show you runes pt the can of April but we proper it gone time in manh. I Just Recitors the prival Report AND I have tacks on A Check Row The \$150 hop Ann An Acquesting A WHILEN OF the Kite Filing FEE Jacks Buluf 1-828-650-6408