2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P9300003 IN LENDERS MORTGAG	1			
Principal Place		Mailing Address		'	
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ת	DO NOT WRITE IN THIS SPACE			04112005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For	
			_	NOT APPLICABLE Not Applica	
	6. Name and Address of Curre	i Registered Agent	(5. Certificate of Status Desired Fee Required	_
PAGAN, PAGAN, PAGA13 SPRI				DO NOT WRITE	{
	TAMPA, FL 33625		IN THIS SPACE		
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 reinstalting) DATE TO THE PROPERTY OF					
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Campaign Finar Trust Fund Contribution.		000000305330 04/14/05-80075-025 15000	
10.	,	ID DIRECTORS			
TITLE NAME	D PAGAN, PATRICIA				- {
STREET ADORESS	6213 SPRING OAK CT		ļ		- {
CITY+ST-ZIP	TAMPA, FL 33625		1.		1
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CITY-ST-ZIP			<u> </u>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7). 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: PART TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR					
	res trict of the contract of				