2006 FOR PROFIT CORPORATION

May 04, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P94000012517 05-04-2006 90203 004 ***150.00 ATLANTIC SECURITY MORTGAGE INC. Principal Place of Business Mailing Address 860 E STATE RD 434 4918 SHORELINE CIR. LONGWOOD, FL 32750 US SANFORD, FL 32771 US No Chg-P CR2E034 (11/05) 04282006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3225269 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, BASIL DO NOT WRITE **4918 SHORELINE CIRCLE** SANFORD, FL 32771 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing FILE HOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Olter May 1, 2006 Fee will be \$55 OFFICERS AND DIRECTORS 10. TITLE NAME JONES, BASIL A 💢 🕟 4918 SHORELINE CÎRCLE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

401)323-7070

FILED