


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000077346	
1. Entity Name UNIQUE MORTGAGES INC.	

Principal Place of Business PO BOX 550532 FT LAUDERDALE FL 33355 US	Mailing Address PO BOX 550532 FT LAUDERDALE FL 33355 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)	
4. FEI Number 65-0608845	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BASTACKY, HARVEY 1181 SW 108 TERR DAVIE FL 33324
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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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	BASTACKY, HARVEY
STREET ADDRESS	1181 SW 108TH TERR
CITY - ST - ZIP	DAVIE FL 33324
TITLE	O <input type="checkbox"/> Delete
NAME	KEMPNER, MINDY
STREET ADDRESS	100 POND ST
CITY - ST - ZIP	SHARON MA 02067
TITLE	O <input type="checkbox"/> Delete
NAME	SCHIKMAN, CAROL
STREET ADDRESS	1342 S DOGWOOD DR
CITY - ST - ZIP	HARRISONBURG VA 22801
TITLE	O <input type="checkbox"/> Delete
NAME	SINGER, SHEILA
STREET ADDRESS	618 HERON DR
CITY - ST - ZIP	DELRAY BEACH FL 33344
TITLE	O <input type="checkbox"/> Delete
NAME	BASTACKY, DANIEL
STREET ADDRESS	3607 HERSHEY LN
CITY - ST - ZIP	TUCKER GA 30084
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000281630
03/31/05-80010-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Harvey Bastacky* **HARVEY BASTACKY** 3-29-05 954-424-8776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #