

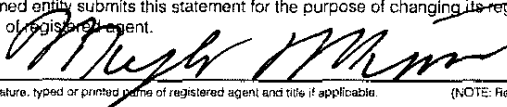
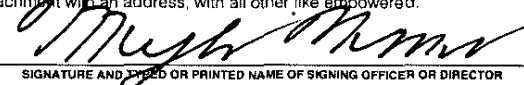


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90019 046 ***150.00

DOCUMENT # P95000010850 1. Entity Name MORTGAGE WORKS UNLIMITED, INC.					
Principal Place of Business 2845 N. MILITARY TRAIL SUITE 17 WEST PALM BEACH, FL 33409			Mailing Address 2845 N. MILITARY TRAIL SUITE 17 WEST PALM BEACH, FL 33409		
2. Principal Place of Business 2240 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 400		3. Mailing Address 2240 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 400			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number NOT APPLICABLE	
Zip 33409		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINNS, MYLES R 8523 WENDY LN WEST PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Myles Minns Street Address (P.O. Box Number is Not Acceptable) 2240 Palm Beach Lakes Blvd. Suite 400 City West Palm Beach FL Zip Code 33409	
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:  Myles Minns 1-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	D MINNS, MYLES R 2845 N. MILITARY TRAIL WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/D Myles Minns 2240 Palm Beach Lakes Blvd. #400 West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Donald T. Baltrus, Jr. 9112 Alternate A1A #209 North Palm Beach, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 an address, with all other like empowered.					
SIGNATURE: 			Myles Minns 1-22-04 (561) 471-3031		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		