2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

| ANNOAL REPORT | | | | | | | |
|--|-----------------|--|--|--|--|--|--|
| DOCUMENT # P9600 1. Entity Name 1507100 MORTGAGE INVES | | | | | | | |
| Principal Place of Business | Mailing Address | | | | | | |
| 997 N COLLIER BLVD Ste G | | | | | | | |

| 997 N COLLI STE G MARCO ISLA | IER BLVD ND, FL 34145 US | 997 N COLLI STE G MARCO ISLAI | ER BLVD ND, FL 34145 | US | | | | |
|--|---|-------------------------------------|---------------------------------------|----------|----------------|-------------------------------------|-----------------------------|-------------------------------|
| DO NOT WRITE IN THIS SPA | | CE | 03192005 4. FEI Numb 65-067 | No Chg-P | CR2E034 | (10/03) Applied For Not Applicable | | |
| <u> </u> | | | | | 5. Certificate | e of Status Desired | □ \$8 | 3.75 Additional e Required |
| 997 N COI STE G | 6. Name and Address of Curre S, JAMES M LLIER BLVD SLAND, FL 34145 | ant Registered Agent | | | | NOT W THIS SP | | |
| | | · <u>-</u> · | | | | oth, in the State of Flo | | niliar with, and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Signature, typed or printed name of registered agent and like it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD REINDERS, JAMES M 977 N COLLIER BLVD STE G MARCO ISLAND, FL 34145 VSTD SNYDER, WILLIAM F 997 N COLLIER BLVD STE G MARCO ISLAND, FL 34145 | - <u> </u> | | | | . U00000 04/20/05- | 0317251 -8 0011-0 | 009 150.80 |
| NAMI. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | NOT W THIS SF | | · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | | | ·· | | : : |

12. Increay certify that the information supplied with this filling 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 anofficer 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 adoptest, with all other like empowered.

SIGNATURE: _

GE SIGNING OFFICER ON DRECTOR

<u> 4/1/201</u>

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Daytime Phone #