
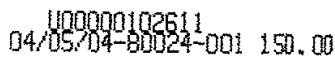
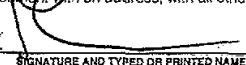


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

Apr 04  
Sec

DOCUMENT # P97000102682 1. Entity Name MORTGAGE MATTERS, INC.			
Principal Place of Business 8921 W. ATLANTIC BLVD M CORAL SPRINGS, FL 33071 US		Mailing Address 8921 W. ATLANTIC BLVD M CORAL SPRINGS, FL 33071 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number 65-0798721	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent  STOTT, ROBERT S 8921 W. ATLANTIC BLVD SUITE M CORAL SPRINGS, FL 33071		<b>DO NOT WRITE IN THIS SPACE</b>	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____			
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		 04/05/04-80024-001 150.00  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PSTD STOTT, ROBERT S 9920 NW 11 ST PLANTATION, FL 33322			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		Date: _____ Daytime Phone #: _____	