
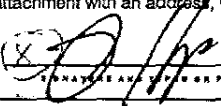


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000020892 1. Entity Name ACCREDITED MORTGAGE SERVICES, INC.		
Principal Place of Business 6800 STATE ROAD 37 N MULBERRY, FL 33860	Mailing Address 6800 STATE ROAD 37 N MULBERRY, FL 33860	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HUGHES, PHILLIP 92 WOOD HALL DR MULBERRY, FL 33860		DO NOT WRITE 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 _____ <small>Signature, name or printed name of registered agent and title, if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		000000298482 04/11/05-80068-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, PHILLIP D 6800 ST RD 37 N MULBERRY, FL 33860	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, WILLIAM L 6800 ST RD 37 N MULBERRY, FL 33860	
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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:  <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		