

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052969

Entity Name: ZORN MORTGAGE, INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

817 SW 15TH AVENUE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

10700 STRINGFELLOW ROAD #40
BOKEELIA, FL 33922 US

Current Mailing Address:

817 SW 15TH AVENUE
CAPE CORAL, FL 33991 US

New Mailing Address:

10700 STRINGFELLOW ROAD #40
BOKEELIA, FL 33922 US

FEI Number: 65-0846547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZORN, RICHARD
817 SW 15TH AVENUE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

ZORN, RICHARD
10700 STRINGFELLOW ROAD #40
BOKEELIA, FL 33922 US

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.

SIGNATURE:

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWLIN, BARBARA
Address: 817 SW 15TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VD () Delete
Name: ZORN, RICHARD
Address: 817 SW 15TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOWLIN, BARBARA
Address: 10700 STRINGFELLOW ROAD #40
City-St-Zip: BOKEELIA, FL 33922 US

Title: VD (X) Change () Addition
Name: ZORN, RICHARD
Address: 10700 STRINGFELLOW ROAD #40
City-St-Zip: BOKEELIA, FL 33922 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BOWLIN

PD

01/13/2005

Electronic Signature of Signing Officer or Director

Date