2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address,

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SIGNATURE AND TYPED OR PRINTED NAME OF SIG

May 05, 2005 8:00 am Secretary of State **DOCUMENT # P98000073125** 05-05-2005 90083 041 ***550.00 MORTGAGE EXPRESS OF AMERICA, INC. Principal Place of Business Mailing Address 12355 COLLIER BLVD 12355 COLLIER BLVD STE B STE B NAPLES, FL 34116 NAPLES, FL 34116 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302005 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0858369 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RITCHIE, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 12355 COLLIER BLVD STE B NAPLES, FL 34116 City Zip Code 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 Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent aignature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RITCHIE, CHRIS NAME NAME STREET ADDRESS 1441 SE 19TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP VS TITLE Delete TITLE Change ☐ Addition NAME BUCKMAN, GAIL NAME STREET ADDRESS 470 ELK CIR STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP **7**S TITLE ☐ Delete TITLE Change Addition LAURA MOLFE NAME NAME 4885 8th St NE STREET ADDRESS STREET ADDRESS NAPLES, FL 34120 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-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

4.3005

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