2005 FOR PROFIT CORPORATION

May 04, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000073711 . FIRST WESTERN MORTGAGE CORPORATION Principal Place of Business Mailing Address 4000 N FEDERAL HWY 4000 N FEDERAL HWY SUITE 207 SUITE 207 BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US 04132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0861709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent HOPKINS, JOHN O DO NOT WRITE 4000 N FEDERAL HWY **SUITE 207** IN THIS SPACE BOCA RATON, FL 33431 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 (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSD HOPKINS, JOHN O NAME STREET ADDRESS 4000 N FEDERAL HWY STE 207 CITY ST-ZIP BOCA RATON, FL 33431 TITLE NAME U00000361653 05/05/05-80086-004 150.00 STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOTE IN THIS SPACE 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:

Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED