2005 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** DOCUMENT # P98000074638 Apr 23, 2005 08:00 AM Secretary of State 1. Entity Name WORLD MORTGAGE BANKERS, INC. Principal Place of Business Mailing Address 104 CRANDON BLVD 104 CRANDON BLVD #417 #417 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 04052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0086593 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SAKS, KEITH W DO NOT WRITE 1450 MADRUGA AVE, #305 MIAMI, FL 33146 IN THIS SPACE 6. 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, typed or printed name of registered againt and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS 04/23/05-80034-017 150.00 TITLE PN ECHEVERRIA, GUSTAVO NAME 104 CRANDON BLVD #417 STREET ADDRESS CITY-ST-71P KEY BISCAYNE, FL 33149 TITLE NAME STREET ADDRESS CITY-ST-ZIP ππε at the Committee of Secretary NAME STREET ADDRESS DO NOT WRITE CITY-ST-719 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 22.5 NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is fifty and assuming and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empsyched 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.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR