

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90070 001 ***158.75

DOCUMENT # P98000090086

1. Entity Name
MAINE MORTGAGE, INC.



Principal Place of Business
**2855 N. UNIVERSITY DRIVE, STE. 110
 CORAL SPRINGS, FL 33065**

Mailing Address
**2740 E. OAKLAND PARK BLVD
 SUITE 110
 FT. LAUDERDALE, FL 333**

20013700



2. Principal Place of Business
2740 E. Oakland Park Blvd
 Suite, Apt. #, etc.
Ste 101

3. Mailing Address
2740 E. Oakland Park Blvd
 Suite, Apt. #, etc.
Ste 101

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

Zip
33306 Country
USA

Zip
33306 Country
USA

02102005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0871714 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BEKOFF, VALERIE
 2409 NW 49TH LANE
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Valerie Bekoff* DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BEKOFF, VALERIE 2855 N. UNIVERSITY DRIVE, STE. 110 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Valerie Bekoff* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR