2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090954

Entity Name: MORTGAGE PROS OF TAMPA, INC.

FILED Feb 17, 2004 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|----------------------------|---|-----------------------------------|
| 5725 N NEBRASKA AVE TAMPA, FL 33604 US | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 5725 N NEBRASKA AVE TAMPA, FL 33604 US | | | |
| FEI Number: 59-3540046 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MASSIMINI, MICHAEL P C 5608 N SEMINOLE AVE TAMPA, FL 33604 | PA | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, | | | |

Election Campaign Financing Trust Fund Contribution ().

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

in the State of Florida.

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: (X) Change () Addition () Delete Title: MASSIMINI, MICHAEL P CPA MASSIMINI, MICHAEL P CPA Name: Name: 5608 N SEMINOLE AVE Address: 5608 N SEMINOLE AVE Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: TAMPA, FL 33604

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 MASSIMINI, DIANA
 Name:
 MASSIMINI, DIANA

 Address:
 5608 N SEMINOLE AVE
 Address:
 5608 N SEMINOLE AVE

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33604

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: MICHAEL P MASSIMINI VP 02/17/2004