2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020479

2318 MILL STREAM CT

NAPLES, FL 34109

Address: City-St-Zip:

Entity Name: BRENTWOOD MORTGAGE SERVICES, INC.

FILED Jan 04, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal I | New Principal Place of Business: | |
|---|--|----------------------------------|--|--|--|
| | IAMI TRAIL N | | 1019 CROSSPC | INTE DRIVE | |
| STE C105 NAPLES, I | | | #1 NAPLES, FL 34 | 1100930 US | |
| Current M | lailing Addre | ss: | New Mailing Ac | New Mailing Address: | |
| PO BOX 111862 NAPLES, FL 34108 | | | PO BOX 111862 NAPLES, FL 341080132 US | | |
| FEI Number | : 59-3561024 | 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: | | |
| | KENNETH P STREAM CO FL 34109 \ | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its reg | istered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PD (LYONS, SUSA 765 BRENTWO NAPLES, FL 3 | OOD POINT | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD (CROUCH, STE 11598 LONGS NAPLES, FL 3 | HORE WAY W | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | STD (ENGLER, KEN |) Delete NETH P | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: SUSAN LYONS PD 01/04/2005