FILED May 03, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000028949 1. Entity Name MARTIN MORTGAGE, INC.								05-03-2005	90136 03	9 ***15	0.00
Principal Place of Business Mailing Address									500	4673	5
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SUITE 105 SUITE 105											
ORLANDO, FL 32807-6361 ORLANDO, FL 32807							1 1880 880 810				
2. Principal Place of Business 3. Mailing Address											
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Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			04252005	Chg-P	CR2E03-	4 (10/02)	
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City & State		Cit	City & State			4. FEI Numbe			<u> </u>	plied For ot Applicable	
Zip Country		Zip C		Count	59-3566276 Intry 5. Certificate of Status Desire			\$	8.75 Add	~~~	
										ee Require	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	egistered Ag	jent	
KHACHAT	OURIAN, TO	ROS V									
6955 HANGING MOSS RD					Ī	Street Address (P.O. Box Number is Not Acceptable)					
STE 105 ORLANDO, FL 32807					Ì						
					Ì	City		<u></u>	FL	Zip Cod	<u> </u>
8. The above	named entity su	bmits this statement	for the pur	pose of changing its r	eaistere	d office or rec	nistered agent, or bot	n, in the State of Flo		miliar with	and accent
the obligat	ions of registere	d agent.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-9		yota oo agam, or oo	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and decept
SIGNATURE_											
	Signature, typed or pr	inted name of registered age	nt and litle if a	pplicable. (NOTE:	Registered	Agent signature re	quired when reinstating)		DATE		
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FIL After Ma	E NOW!!! FE ay 1, 2005 F	EE IS \$150.00 ee will be \$550 OFFICERS AN		Trust Fund Contri		~ ~	Added to Fees	CHANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR