

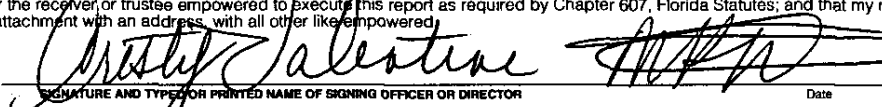


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000036940 1. Entity Name REFLECTION MORTGAGE CORP.						FILED 04 JUL 19 AM 9:15 SECRETARY OF STATE 04/27/04 900921015 300.00 	
Principal Place of Business 1617 SANTA BARBARA BLVD CAPE CORAL, FL 33991		Mailing Address 1617 SANTA BARBARA BLVD CAPE CORAL, FL 33991					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent VALENTINE, MATTHEW 1617 SANTA BARBARA BLVD CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 65-0921654			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Applied For Not Applicable			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				DATE _____			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, MATTHEW 530 SE 34 ST CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, CRISTY 530 SE 34 STREE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, MICHAEL 1806 SE 6TH AVE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, CONNIE 1806 SE 6TH AVE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____							

REFLECTION MORTGAGE CORP.

(941) 573-4223
Fax (941) 573-4336

1617 Santa Barbara Blvd. • Cape Coral, Florida 33990

July 19, 2004

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

ATTN: Tyrone Scott

Dear Mr. Scott,

This letter is to remind you of my situation. My company, Reflection Mortgage Corp., filed our annual report and sent in a fee of \$150 in April 2004. Our check was cashed on April 27, 2004. I received an Intent to dissolve notice in the mail in the beginning of July. Per our phone conversation today, I have enclosed a copy of Reflection's report, our tracking number and a copy of our cancelled check. I hope this can rectify this situation. Please contact me and let me know when it is settled. Thank you for your cooperation in this matter.

Sincerely,



Cristy Valentine, Owner
Reflection Mortgage Corp.

Phone: 239-565-9697

Fax: 239-542-0409

Email: cristyatrmc@aol.com