2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040453

616 ACORN CT

JACKSONVILLE, FL 32259

Address: City-St-Zip:

FILED Apr 29, 2005 Secretary of State

Entity Nan	ne: INNO	VATIVE MORTG	AGE SPECIALIST, I	NC.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
3805 UNIVI SUITE A JACKSON								
Current Mailing Address:				New Mailir	New Mailing Address:			
3409 SECRET COVE PL JACKSONVILLE, FL 32216				1104	11901 BURNT MILL RD 1104 JACKSONVILLE, FL 32256			
FEI Number:	59-3588133	FEI Number	Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
GROGAN, JOHN 3409 SECRET COVE PL JACKSONVILLE, FL 32216 US				10901 BUR 1104	GROGAN, JOHN 10901 BURNT MILL RD 1104 JACKSONVILLE, FL 32256 US			
The above in the State			tatement for the pur	pose of changing it	s registei	red office or registered agent, or	r both,	
SIGNATURE:					04/29/2005			
Electronic Signature of Registered Agent					Date			
Election Carr	npaign Finar	ncing Trust Fund Co	ontribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	616 ACORI	() Delete JONATHAN P N CT /ILLE, FL 32259		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:		() Delete JOHN P RET COVE PL /ILLE, FL 32216		Title: Name: Address: City-St-Zip:		(X) Change () Addition , JOHN P IRNT MILL RD WILLE, FL 32256		
Title: Name:	VSD GROGAN,	()Delete THERESA S		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: JOHN P GROGAN 04/29/2005 CHTD