




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90085 023 \*\*\*150.00

<b>DOCUMENT # P99000071629</b>					
<b>1. Entity Name</b> <b>FAIR CREDIT MORTGAGE INC.</b> <i>d/b/a Friendly Mortgage</i>					
<b>Principal Place of Business</b> 7289 GARDEN ROAD STE 115 WEST PALM BEACH, FL 33404			<b>Mailing Address</b> 7289 GARDEN ROAD STE 115 WEST PALM BEACH, FL 33404		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State		City & State		04112005    Chg-P    CR2E034 (10/03)	
Zip    Country		Zip    Country		<b>4. FEI Number</b> 65-0941458	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> DONOHUE, PAUL L JR 8605 DOVERBROOK DR PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL    Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PRES DONOHUE, PAUL 8605 DOVERBROOK DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VP FETSCHER, ERIC 325 LEGARE CT 103 JUPITER, FL 33458	<input type="checkbox"/> Delete	" " 103 Florence Dr " "	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D MILLER, MATT 11478 SANDERLING DR. WELLINGTON, FL 33414	<input type="checkbox"/> Delete	VP Steve Grandizio 141 Carpenter St Philadelphia, PA 19106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D PREMUIROSO, RON ONE CAMBRIA RD. E. PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D SIMS, BEN 208 NORTH PARROTT AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D MULLEN, JEFF 7 CAMPUS BLVD. NEWTOWN SQUARE, PA 19073	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Paul Donohue, Pres    4/11/05    861 848 1140		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		