2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 21, 2005 8:00 am **Secretary of State** DOCUMENT # P99000080713 1. Entity Name 03-21-2005 90096 017 ***150.00 MAXWELL MORTGAGE, INC. Principal Place of Business Mailing Address 1426 WEST BUSCH BLVD. 1426 WEST BUSCH BLVD. DUU28284 **TAMPA FL 33612 TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3596932 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUSHILLA MAHARAJ MAHARAJ, SUSHILLA Street April 28(P. WES Humber is Not Acceptable) 3750 GUNN HWY., STE. 2A **TAMPA FL 33624** Zip Code City TAMPA 33612 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. SIGNATURE registered agent and title if applicable DATE FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PRESIDENT X Change Addition Delete TITLE TITLE SUSHILLA MAHARAJ 1426 WEST BUSCH BLVD TAMPA, FL 33612 MAHARAJ, SUSHILLA NAME NAME STREET ADDRESS 3750 GUNN HWY #2A STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP SECRETARY □ Delete TITLE X Change TITLE SUSHILLA MAHARAJ MAHARAJ, SUSHILLA NAME 1426 WEST BUSCH BLVD STREET ADDRESS STREET ADDRESS 3750 GUNN HWY., STE. 2A Tampa, FL 33612 CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-7IP Change ☐ Addition Delete INTE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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.

FILED