

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086634

FILED  
Apr 18, 2004  
Secretary of State

Entity Name: OPTIMUM MORTGAGE SERVICES, INC.

## Current Principal Place of Business:

385 CENTER POINTE CIRCLE  
SUITE 1315  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

385 CENTER POINTE CIRCLE  
SUITE 1315  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

FEI Number: 59-3600772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYESEN, KAREN S  
407 LK HOWELL RD  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

BOYESEN, KAREN S  
385 CENTER POINTE CIR  
#1315  
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE:

04/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: BOYESEN, DARREN G  
Address: 407 LK HOWELL RD  
City-St-Zip: MAITLAND, FL 32751

Title: DTS ( ) Delete  
Name: BOYESEN, KAREN S  
Address: 407 LK HOWELL RD  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change ( ) Addition  
Name: BOYESEN, DARREN G  
Address: 385 CENTER POINTE CIR STE 1315  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DTS (X) Change ( ) Addition  
Name: BOYESEN, KAREN S  
Address: 385 CENTER POINTE CIR STE 1315  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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.

SIGNATURE: KAREN S. BOYESEN

DTS

04/18/2004

Electronic Signature of Signing Officer or Director

Date