2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51067

FILED Jun 06, 2005 Secretary of State

Entity Name: QUALIFIED MORTGAGE SERVICES, INC.

US

Current Principal Place of Business: New Principal Place of Business:

89 GENEVA DRIVE OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

PO BOX 621990 89 GENEVA DRIVE

OVIEDO, FL 327621990 US OVIEDO, FL 32765 US

FEI Number: 59-3133741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAYNE, JULIE
1008 SHINNECOCK HILL DR
OVIEDO, FL 32765 US
PAYNE, JULIE
89 GENEVA DRIVE
OVIEDO, FL 32765 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: JULIE PAYNE 06/06/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

election campaign Financing Trast Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PDT (X) Change () Addition

 Name:
 GOLESTANI, ANNE,
 Name:
 GOLESTANI, ANNE

 Address:
 28760 NO 83RD ST.
 Address:
 28760 NO 83RD ST.

 City-St-Zip:
 SCOTTSDALE, AZ 85262 US
 City-St-Zip:
 SCOTTSDALE, AZ 85262 US

Title: V () Delete Title: VPDS (X) Change () Addition

 Name:
 GOLESTANI, FRED,
 Name:
 GOLESTANI, FRED

 Address:
 28760 NO 83RD ST.
 Address:
 28760 NO 83RD ST.

 City-St-Zip:
 SCOTTSDALE, AZ 85262 US
 City-St-Zip:
 SCOTTSDALE, AZ 85262 US

Title: S (X) Delete Title: () Change () Addition

 Name:
 GOLESTANI, FRED,
 Name:

 Address:
 28760 NO 83RD ST.
 Address:

 City-St-Zip:
 SCOTTSDALE, AZ 85262 US
 City-St-Zip:

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: ANNE GOLESTANI PDT 06/06/2005