


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S61080						
1. Entity Name TARGET MORTGAGE CORPORATION						
Principal Place of Business 4300 NORTH UNIVERSITY DRIVE E-207 LAUDERHILL, FL 33351	Mailing Address 4300 NORTH UNIVERSITY DRIVE E-207 LAUDERHILL, FL 33351					
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent BERNSTEIN, BEVERLY K 4300 NORTH UNIVERSITY DRIVE E-207 LAUDERHILL, FL 33351		<div style="text-align: center;">  04192005 No Chg-P CR2E034 (10/03) </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">4. FEI Number 65-0270097</td> <td style="padding: 2px;">Applied For Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>	4. FEI Number 65-0270097	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0270097	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PM BERNSTEIN, BARRY 1101 LAKE DRIVE DELRAY BEACH, FL 33444	000000341066 04/28/05-80140-024 150.00 DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BERNSTEIN, BARRY 1101 LAKE DRIVE DELRAY BEACH, FL 33444					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MORRIS, LINDA B 1190 NW 133RD TERRACE SUNRISE, FL					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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.						
SIGNATURE: 		Date: 4-26-05 (954)6671820 Daytime Phone #				