


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005916 1. Entity Name THE OMNI MORTGAGE CO., INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 PM 4: 18

12/29/04--01020--006 **96.25

Principal Place of Business 215 MAIN STREET SUITE 3 SALEM, NH 03079	Mailing Address 215 MAIN STREET SUITE 3 SALEM, NH 03079
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01202005 Chg-P CR2E034 (10/03)

5. Name and Address of Current Registered Agent	
ARVIDSON, H. JOSEPH 4939 CLUBVIEW CT. EAST BRADENTON, FL 34203	

7. Name and Address of New Registered Agent	
Name	J E E
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

4. FEI Number 02-0498702	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P <input type="checkbox"/> Delete LOFFREDO, MICHAEL	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300046658963
STREET ADDRESS	16 RIVERSEDGE DR.	STREET ADDRESS	02/15/05--01059--004 **53.75
CITY-ST-ZIP	SALEM, NH 03079	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael Loffredo Date: 1-31-05 Daytime Phone: (603) 893-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *