
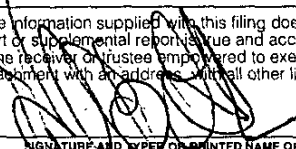


FILED
Jan 20, 2004 8:00 am
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

01-20-2004 90083 035 ***158.75

DOCUMENT # F99000006022			
1. Entity Name NETWORK MORTGAGE CORPORATION			
Principal Place of Business 401 SOUTH OLD WOODWARD, SUITE 420 BIRMINGHAM, MI 48009		Mailing Address 401 SOUTH OLD WOODWARD, SUITE 420 BIRMINGHAM, MI 48009	
2. Principal Place of Business 3500 W. Maple Road		3. Mailing Address 3500 W. Maple Road	
Suite, Apt. #, etc. Suites A & B		Suite, Apt. #, etc. Suites A & B	
City & State Bloomfield Hills, MI		City & State Bloomfield Hills, MI	
Zip 48301	Country USA	Zip 48301	Country USA
4. FEI Number 38-2892939		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA COMPLIANCE SPECIALISTS 2331 HANSEN PLACE TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLDMAN, HOWARD B 3435 BRADWAY BLVD. BLOOMFIELD, MI 48301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1/15/04 Howard B. Goldman, President (248)433-0375 Date Daytime Phone #	

24002871



01052004 Chg-P CR2E034 (10/03)