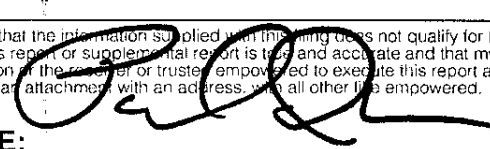


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000071629 1. Entity Name FAIR CREDIT MORTGAGE INC.						OFFICE OF THE SECRETARY OF STATE DIVISION OF CORPORATIONS 04 AUG -3 AM 11:12	
Principal Place of Business 7289 GARDEN ROAD STE 115 WEST PALM BEACH, FL 33404				Mailing Address 7289 GARDEN ROAD STE 115 WEST PALM BEACH, FL 33404			
2. Principal Place of Business		3. Mailing Address				4. FEI Number 65-0941458	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Chg-P		CR2E034 (10/03)	
City & State		City & State		Applied For		Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DONOHUE, PAUL L JR 8605 DOVERBROOK DR PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PRES DONOHUE, PAUL 8605 DOVERBROOK DR PALM BEACH GARDENS, FL 33410	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Matt Miller 11478 Sanderling Dr Wellington, FL 33414	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FETSCHER, ERIC 325 LEGARE CT JUPITER, FL 33458	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ron Premuroso One Cambria Rd E Palm Beach Gardens, FL 33410	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ben Sims 208 North Parrott Avenue Okeechobee, FL 34972	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeff Mullen 7 Campus Blvd NewTown Square, PA 19073	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700040245957 08/17/04--01043--008 **61.75	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 officer 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 filers empowered.							
SIGNATURE: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAUL L. DONOHUE			
				Date: 7/21/2004			
				Document Number: 5018481140			