

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F00000001192

1. Entity Name
BLUEFIN MORTGAGE CORP.



Principal Place of Business
**300 ROSEWOOD DRIVE
DANVERS, MA 01923**

Mailing Address
**300 ROSEWOOD DRIVE
DANVERS, MA 01923**



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2992161	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIBENEDETTO, ELAINE
788 PARK SHORE DRIVE, STE B34
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1000000706105
04/24/07-80018-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINNES, ROBERT A 55 PAINE AVE. PRIDES CROSSING, MA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARE III, ALBERT 9 ARROWHEAD DRIVE GROVELAND, MA 01834
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
Albert Pare', III, Treasurer

(978) 777-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #