

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006045

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: MORTGAGES UNLIMITED SOUTH, INC.

**Current Principal Place of Business:**

7270 FORESTVIEW LANE NORTH  
SUITE 150  
MAPLE GROVE, MN 55369

**New Principal Place of Business:**

**Current Mailing Address:**

7270 FORESTVIEW LANE NORTH  
SUITE 150  
MAPLE GROVE, MN 55369

**New Mailing Address:**

FEI Number: 41-1718186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENINCASA, JAMES  
14801 GLEN EDEN DRIVE  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: BENINCASA, JAMES  
Address: 7270 FORESTVIEW LANE NORTH, #150  
City-St-Zip: MAPLE GROVE, MN 55369

Title: VCS ( ) Delete  
Name: BENINCASA, JODY  
Address: 7270 FORESTVIEW LANE NORTH, #150  
City-St-Zip: MAPLE GROVE, MN 55369

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FREDIN, CHRISTOPHER M  
Address: 7270 FORESTVIEW LANE NORTH, #150  
City-St-Zip: MAPLE GROVE, MN 55369

Title: V (X) Change ( ) Addition  
Name: GATTI, STEVEN R  
Address: 7270 FORESTVIEW LANE NORTH, #150  
City-St-Zip: MAPLE GROVE, MN 55369

Title: V ( ) Change (X) Addition  
Name: SAKRY, ALAN P  
Address: 7270 FORESTVIEW LANE NORTH, #150  
City-St-Zip: MAPLE GROVE, MN 55369

Title: STD ( ) Change (X) Addition  
Name: FREDIN, CONNIE D  
Address: 7270 FORESTVIEW LANE NORTH, #150  
City-St-Zip: MAPLE GROVE, MN 55369

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE FREDIN

STD

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date