

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002440

Entity Name: MORTGAGE NOW, INC.

FILED  
Mar 29, 2007  
Secretary of State

**Current Principal Place of Business:**

750 WEST RESOURCE DRIVE, #300  
BROOKLYN HEIGHTS, OH 44131

**New Principal Place of Business:**

**Current Mailing Address:**

750 WEST RESOURCE DRIVE, #300  
BROOKLYN HEIGHTS, OH 44131

**New Mailing Address:**

FEI Number: 31-1546027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OHEARN, MICHAEL  
9220 BONITA BEACH RD SUITE 200  
BONITA SPRINGS, FL 34135 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: PCD ( ) Delete  
Name: SCHWARTZ, JAMES C  
Address: 750 WEST RESOURCE DRIVE, #300  
City-St-Zip: BROOKLYN HEIGHTS, OH 44131

Title: VD ( ) Delete  
Name: BICE, EVERT D  
Address: 750 WEST RESOURCE DRIVE, #300  
City-St-Zip: BROOKLYN HEIGHTS, OH 44131

Title: S ( ) Delete  
Name: BUCKLEY, ANITA  
Address: 750 WEST RESOURCE DRIVE, #300  
City-St-Zip: BROOKLYN HEIGHTS, OH 44131

Title: T ( ) Delete  
Name: MANN, LAURA  
Address: 750 WEST RESOURCE DRIVE, #300  
City-St-Zip: BROOKLYN HEIGHTS, OH 44131

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES C SCHWARTZ

PCD

03/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date