


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006362
 1. Entity Name
 MORTGAGE LENDERS NETWORK USA, INC.



Principal Place of Business 213 COURT STREET 11TH FLOOR MIDDLETOWN, CT 06457 US	Mailing Address 213 COURT STREET 11TH FLOOR MIDDLETOWN, CT 06457 US
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04252005 No Chg-P CR2E034 (10/03)

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4. FEI Number 06-1467394	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 BLANTON, EDWIN F ESQ
 825 THOMASVILLE RD
 TALLAHASSEE, FL 32303

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS HEFFERNAN, MITCHELL L 2C NORTH SLOB ST. CROIX, VI 00820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERGE, RANDAL S 30 SUMMERBERRY CIRCLE BRISTOL, CT 06010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLEARCEK, STEVEN F 16 OLDE FARMS RD ELLINGTON, CT 000259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V PEDRICK, JAMES E 7 JOSHUA LANE LYME, CT 06371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000341053
 04/28/05-80141-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Steven F. Olearcek, VP/Corporate Counsel 25 Apr 2005 (860) 704-6235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #