

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 025 ***150.00

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1. Entity Name
MORTGAGEIT, INC.



Principal Place of Business Mailing Address
33 MAIDEN LANE 33 MAIDEN LANE
7TH FLOOR 7TH FLOOR
NEW YORK, NY 10038 NEW YORK, NY 10038

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03292007 Chg-P CR2E034 (12/06)

4. FEI Number **13-4049218** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NAIDUS, DOUG W <input checked="" type="checkbox"/> Delete 33 MAIDEN LANE, 7TH FL NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BIEFRIEND, GARY 33 MAIDEN LANE, 7TH FL NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete GULA, ROBERT 33 MAIDEN LANE, 7TH FL NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete OCCHINO, ANDY 33 MAIDEN LANE, 7TH FL NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO; Chairman <input checked="" type="checkbox"/> Delete NAIDUS, DOUG W 225 W 83 STREET NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MOROCCO, MICHAEL 25 EAST END AVE., #14F NEW YORK, NY 10028

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Phillip Weingard 60 Wall Street New York, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Cammarato 60 Wall Street New York, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Doug Naidus 33 Maiden Lane New York, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patrick McEnemey 33 Maiden Lane New York, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Gula* *RG*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07 212-651-4656
 Date Daytime Phone #