

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003312

FILED
Mar 04, 2009
Secretary of State

Entity Name: MORTGAGEIT, INC.

Current Principal Place of Business:

60 WALL ST. FLOOR #15
NEW YORK, NY 10005

New Principal Place of Business:

60 WALL STREET
NYC60-4006
NEW YORK, NY 10005 US

Current Mailing Address:

60 WALL ST. FLOOR #15
NEW YORK, NY 10005

New Mailing Address:

60 WALL STREET
NYC60-4006
NEW YORK, NY 10005 US

FEI Number: 13-4049218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: D () Delete
Name: OCCHINO, ANDY
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10004

Title: P,D () Delete
Name: NAIDUS, DOUG
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10004

Title: CFO () Delete
Name: MELOTTO, PAUL
Address: 33 MAIDEN LANE
City-St-Zip: NEW YORK, NY 10038

Title: D () Delete
Name: MARGOLIES, JOY
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OCCHINO,
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: P (X) Change () Addition
Name: DOUG,
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: T (X) Change () Addition
Name: PAUL,
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: D (X) Change () Addition
Name: JOY,
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

I hereby certify that the information supplied with this filing does not qualify 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: DOUG NAIDUS

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date