


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90460 020 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

60032081



DOCUMENT # P03000027072			
1. Entry Name MORTGAGES FOR AMERICA, INC.			
Principal Place of Business 10191 WEST SAMPLE RD., STE. 210 CORAL SPRINGS, FL 33065		Mailing Address 10191 WEST SAMPLE RD., STE. 210 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 10191 W. Sample Rd Suite, Apt. #, etc. Suite #105 City & State Coral Springs, FL Zip 33065 Country BROWARD		3. Mailing Address 10191 W. Sample Rd Suite, Apt. #, etc. Suite #105 City & State Coral Springs, FL Zip 33065 Country BROWARD	
4. FEI Number 56-2324277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARDER, MITCHELL 10191 WEST SAMPLE RD., STE. 210 #105 CORAL SPRINGS, FL 33065		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARDER, MITCHELL 1019 WEST SAMPLE RD STE 210 #105 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mitchell Marder</u>		Date: <u>4/28/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	