

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046015

Entity Name: MORTGAGE STATE UNIVERSITY, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

2203 N. LOIS AVE.
TAMPA, FL

New Principal Place of Business:

2203 N. LOIS AVE.
M650
TAMPA, FL 33607

Current Mailing Address:

2203 N. LOIS AVE.
TAMPA, FL

New Mailing Address:

2203 N. LOIS AVE.
M650
TAMPA, FL 33607

FEI Number: 20-0804143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENRY, BRUCE
2203 N. LOIS AVE.
TAMPA, FL US

Name and Address of New Registered Agent:

HENRY, BRUCE
2203 N. LOIS AVE.
M650
TAMPA, FL 33607 US

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: BRUCE D. HENRY

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENRY, BRUCE
Address: 2203 N. LOIS AVE.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HENRY, BRUCE
Address: 2203 N. LOIS AVE. SUITE M650
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRUCE D. HENRY

D

05/02/2005

Electronic Signature of Signing Officer or Director

Date