

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006811

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: MORTGAGE SOLUTIONS NETWORK, INC.

**Current Principal Place of Business:**

320 S. PERRY STREET  
LAWRENCEVILLE, GA 30045 US

**New Principal Place of Business:**

**Current Mailing Address:**

320 S. PERRY STREET  
LAWRENCEVILLE, GA 30045

**New Mailing Address:**

FEI Number: 01-0679185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WINDSOR TITLE LLC  
C/O NATALIE HARDWICK  
5110 EISENHOWER BLVD., SUITE 102  
TAMPA, FL 336346338 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: PC ( ) Delete  
Name: GILMORE, KEVIN E  
Address: 322 BROOM SIEGE CIRCLE  
City-St-Zip: JEFFERSON, GA 30549

Title: VST ( ) Delete  
Name: PONDER, JASON R  
Address: 2535 OZORA CHURCH DRIVE  
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: VC ( ) Delete  
Name: PONDER, JASON R  
Address: 2535 OZORA CHURCH DRIVE  
City-St-Zip: LAWRENCEVILLE, GA 30045

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEVIN GILMORE

PC

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date