

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000088391

**Entity Name:** MORTGAGE PROTECTION PLUS, INC.

**Current Principal Place of Business:**

8870 NORTH HIMES # 160  
TAMPA, FL 33614

**Current Mailing Address:**

8870 N. HIMES  
SUITE 160  
TAMPA, FL 33614

**FEI Number:** 59-3479073

**Certificate of Status Desired:** No

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

SIEGEL, EDDIE  
8870 N. HIMES  
# 160  
TAMPA, FL 33614 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SIEGEL, EDWARD  
Address 8870 N. HIMES #160  
City-State-Zip: TAMPA FL 33614

Title S  
Name ROSEN, ROSE  
Address 8870 NORTH HIMES # 160  
City-State-Zip: TAMPA FL 33614

*I hereby 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 all other like empowered.*

**SIGNATURE:** EDWARD SIEGEL

**DIRECTOR**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date