

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004712

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: MORTGAGE SOUTH FINANCIAL SERVICES, INCORPORATED

## Current Principal Place of Business:

3631 BASTION LANE  
RALEIGH, NC 27604

## New Principal Place of Business:

## Current Mailing Address:

3631 BASTION LANE  
RALEIGH, NC 27604

## New Mailing Address:

FEI Number: 57-1076656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAVALE, MICHAEL  
487 CANOE PARK CIRCLE  
PORT SAINT LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

FAVALE, MICHAEL  
1664 SE PORT ST. LUCIE BLVD  
PORT SAINT LUCIE, FL 34952 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: MICHAEL FAVALE

01/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SINE, AARON  
Address: 3631 BASTION LANE  
City-St-Zip: RALEIGH, NC 27604

Title: VT ( ) Delete  
Name: MUELLER, JEFFREY  
Address: 3631 BASTION LANE  
City-St-Zip: RALEIGH, NC 27604

Title: S ( ) Delete  
Name: LOPICCOLO, CINDY  
Address: 3631 BASTION LANE  
City-St-Zip: RALEIGH, NC 27604

Title: VPOP ( ) Delete  
Name: MASIER, DARREN J  
Address: 3631 BASTION LANE  
City-St-Zip: RALEIGH, NC 27604

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON SINE

PRES

01/17/2007

Electronic Signature of Signing Officer or Director

Date