## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000004712

Entity Name: MORTGAGE SOUTH FINANCIAL SERVICES, INCORPORATED

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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3631 BASTION LANE 4004 BARRETT DR. RALEIGH, NC 27604 STE. 201

RALEIGH, NC 27609

Current Mailing Address: New Mailing Address:

3631 BASTION LANE 4004 BARRETT DR. RALEIGH, NC 27604 STE. 201

RALEIGH, NC 27609

FEI Number: 57-1076656 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FAVALE, MICHAEL
1664 SE PORT ST. LUCIE BLVD
FAVALE, MICHAEL
2724 SE EAGLE DRIVE

PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34984 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 03/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: SINE, AARON Name: SINE, AARON

 Address:
 3631 BASTION LANE
 Address:
 4004 BARRETT DR. STE. 201

 City-St-Zip:
 RALEIGH, NC 27604
 City-St-Zip:
 RALEIGH, NC 27609

Title: VT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MUELLER, JEFFREY
 Name:

 Address:
 3631 BASTION LANE
 Address:

 City-St-Zip:
 RALEIGH, NC 27604
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 LOPICCOLO, CINDY
 Name:
 LOPICCOLO, CINDY

 Address:
 3631 BASTION LANE
 Address:
 4004 BARRETT DR. STE. 201

 City-St-Zip:
 RALEIGH, NC 27609
 RALEIGH, NC 27609

Title: VPOP ( ) Delete Title: VPOP (X) Change ( ) Addition Name: MASIER, DARREN J Name: MASIER, DARREN J Address: 3631 BASTION LANE Address: 4004 BARRETT DR. STE. 201

Address: 3631 BASTION LANE Address: 4004 BARRETT DR. 3 City-St-Zip: RALEIGH, NC 27609

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: AARON SINE P 03/18/2008