2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000001384

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

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NSW 2000, AU SYDNEY

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FILED Feb 26, 2007 Secretary of State

Entity Nan	ne: MACQL	JARIE MORTGAGES USA INC.			
Current Principal Place of Business:				New Principal Place of Business:	
7406 FULLERTON AVE. SUITE 200 JACKSONVILLE, FL 32256				7406 FULLERTON AVENUE, SUITE 200 JACKSONVILLE, FL 32256 US	
Current Mailing Address:				New Mailing Address:	
7406 FULLERTON AVE. SUITE 200 JACKSONVILLE, FL 32256			7406 FULI JACKSON	7406 FULLERTON AVENUE, SUITE 200 JACKSONVILLE, FL 32256 US	
FEI Number:	22-3840451	FEI Number Applied For()	FEI Number Not App	plicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
1200 SOUT PLANTATIO		AND ROAD 24 US	ourpose of changing	its registered office or registered agent, or both,	
SIGNATUR	E:				
	Electro	onic Signature of Registered Ago	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HENLEY, LIN 7406 FULLER JACKSONVIL VSTD (NAUDE, GER	RTON STREET STE 200 LE, FL 32256) Delete HARD L E ROAD, SUITE 6	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VSTD (X) Change () Addition NAUDE, GERHARD L 7406 FULLERTON STREET, SUITE 200	
Title: Name: Address:	,) Delete IK	Title: Name: Address:	D (X) Change () Addition BROOKER, RAY J 7406 FULLERTON STREET, SUITE 200	

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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32256 US

JACKSONVILLE, FL 32256 US

DANZEISEN, MARCIA

LEE, DOUG

() Change (X) Addition

() Change (X) Addition

7406 FULLERTON STREET, SUITE 200

7406 FULLERTON STREET, SUITE 200 JACKSONVILLE, FL 32256 US

SIGNATURE: GERHARD L. NAUDE VSTD 02/26/2007