2006 FOR PROFIT CORPORATION

FILED Ion 19 2006 09:00 AM

ANNUAL REPORT				Secretary of State			
DOCU	MENT # F030000050		}	Secret	tary of S	State	
1. Entity Nam	e MORTGAGE FINANCE COF						
CAFTIAL	WORLANDE LINKINGE CON	N .		<u>{</u>			
Principal Plac	e of Business	Mailing Address					
6310 STEVEI COLUMBIA, N	NS FOREST ROAD	6310 STEVENS FOREST ROAD COLUMBIA, MD 21046		<u> </u>			
GOLDINIDIA, N	ED 21040	COLUMBIA, IND 21040		} } }	. PRINK 1000 ERIO KKIN EEG		EL BANG BANGUE A CEUN
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				52-183		<u>X</u> \$8.	Not Applicable 75 Additional
			<u>+-</u>	5. Certificate	of Status Desired	Fee F	Required
	6. Name and Address of Current Re						
	S FILINGS INCORPORATED		no	NOT W	RITE		
1203 GOV SUITE 101	ERNORS SQUARE BLVD						
TALLAHASSEE, FL 32301-2960			}	IN	THIS SP	ACE	
			}				:=
	named entity submits this statement for t	he purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	orida. I am famili	ar with, and accept
trie obligat	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. [NDTE Registere	a Agent signature required	d when reinstating)		DATE	
		9. Election Campaign Finar	ncina \$5	.00 May Be			
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				led to Fees	<u> </u>		
10.	OFFICERS AND DI	RECTORS	1				
TITLE NAME	GIBBONS, BRADLEY T						
STREET ADDRESS	6310 STEVENS FOREST ROAD	•			Lucasos	ገ መመስማለው <i>ል</i>	
CITY ST-ZIP	COLUMBIA, MD 21046		-		.01/23 /0 6-	JJ\$UU64 -8001200	1 150 75
TITLE NAME	WILLIAMS, STEVEN D		ł		21, 42, 62	DOOLL OO	1 100410
STREET ADDRESS	6310 STEVENS FOREST ROAD						
CITY-ST-ZIP	COLUMBIA, MD 21046	_ 	-				
TITLE NAME			1				
STREET ADDRESS			\$	DO	NOT W	RITE	
ULTE CITA-21-576							
NAME				IN	THIS SF	ACE	
STREET ADDRESS			į.				
CLIK-SI-ZIP			-{				
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP			-				
TITLE NAME	{		1				
STREET ADDRESS	{		1				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other than the corporation of the corporation of the receiver of trustee empowered or execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other than the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpora

CITY-SI-ZIP

SIGNATURE: Bradley T Cibbons, President Date Death Date Signature and typed or Printed Name of Signing Officer or Director

410-381-2626