2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# F03000006016

Entity Name: THE MORTGAGE SOURCE LENDING, INC.

Current Principal Place of Business:

25299 CANAL ROAD
B-4
ORANGE BEACH, AL 36561

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 249
ORANGE BEACH, AL 36561

New Mailing Address:

FEI Number: 63-1115383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSON PLACE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCONNELL, KIM S
Address: 24401 GULF BAY ROAD
City-St-Zip: ORANGE BEACH, AL 36561

Title: V ( ) Delete
Name: JONES, PRISCILLA
Address: 4878 OSPREY DRIVE
City-St-Zip: ORANGE BEACH, AL 36561

Title: S ( ) Delete
Name: MCCONNELL, WESLEY D
Address: 24401 GULF BAY ROAD
City-St-Zip: ORANGE BEACH, AL 36561

Title: T ( ) Delete
Name: JONES, JEFFREY K
Address: 4878 OSPREY DRIVE
City-St-Zip: ORANGE BEACH, AL 36561

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: WESLEY D. MCCONNELL S 04/12/2006

Electronic Signature of Signing Officer or Director Date