

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001001

FILED
Feb 07, 2007
Secretary of State

Entity Name: DIRECT MORTGAGE SERVICES, INC.

Current Principal Place of Business:

155 COMMERCE WAY
PORTSMOUTH, NH 03801

New Principal Place of Business:

1950 LAFAYETTE ROAD
PORTSMOUTH, NH 03801

Current Mailing Address:

155 COMMERCE WAY
PORTSMOUTH, NH 03801

New Mailing Address:

1950 LAFAYETTE ROAD
PORTSMOUTH, NH 03801

FEI Number: 02-0528381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
12005 PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES () Delete
Name: ADAMAITIS, JOE
Address: 6 HIGHLAND PK AVE
City-St-Zip: RYE, NH 03870

Title: DIRE (X) Delete
Name: BROOM, CHRISTOPHER
Address: 29 FOX RUN LANE
City-St-Zip: NEW LONDON, NH 03257

Title: DIR (X) Delete
Name: BROOM, JAMES
Address: 1 STONERIDGE DRIVE
City-St-Zip: RYE, NH 03870

Title: DIR (X) Delete
Name: MURRAY, MICHAEL
Address: 17 HUMES COURT
City-St-Zip: STRATHAM, NH 03885

Title: SEC (X) Delete
Name: GILLETE, DAWN
Address: 5 REDGATE DRIVE
City-St-Zip: ANDOVER, MA 01810

Title: TREAS (X) Delete
Name: SWEENEY, ROBERT
Address: 24 PLAYHOUSE CIRCLE
City-St-Zip: HAMPTON, NH 03842

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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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: JOE ADAMAITIS

PRES

02/07/2007

Electronic Signature of Signing Officer or Director

Date