

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003094

FILED
Apr 27, 2006
Secretary of State

Entity Name: MCS MORTGAGE BANKERS, INC.

Current Principal Place of Business:

646 ROUTE 112
PATCHOGUE, NY 11772

New Principal Place of Business:

646 ROUTE 112
SUITE M
PATCHOGUE, NY 11772

Current Mailing Address:

646 ROUTE 112
PATCHOGUE, NY 11772

New Mailing Address:

646 ROUTE 112
SUITE M
PATCHOGUE, NY 11772

FEI Number: 11-3290207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: STONE, MARC
Address: 646 ROUTE 112
City-St-Zip: PATCHOGUE, NY 11772

Title: VP () Delete
Name: READE, VINCENT J
Address: 646 ROUTE 112
City-St-Zip: PATCHOGUE, NY 11772

Title: S () Delete
Name: COHEN, BARBARA
Address: 646 ROUTE 112
City-St-Zip: PATCHOGUE, NY 11772

Title: T () Delete
Name: SULLIVAN, JEAN
Address: 646 ROUTE 112
City-St-Zip: PATCHOGUE, NY 11772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STONE, MARC
Address: 646 ROUTE 112 SUITE M
City-St-Zip: PATCHOGUE, NY 11772

Title: VP (X) Change () Addition
Name: READE, VINCENT J
Address: 646 ROUTE 112 SUITE M
City-St-Zip: PATCHOGUE, NY 11772

Title: S (X) Change () Addition
Name: COHEN, BARBARA
Address: 646 ROUTE 112 SUITE M
City-St-Zip: PATCHOGUE, NY 11772

Title: T (X) Change () Addition
Name: SULLIVAN, JEAN
Address: 646 ROUTE 112 SUITE M
City-St-Zip: PATCHOGUE, NY 11772

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: MARC STONE

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date