

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005557

FILED
Mar 31, 2005
Secretary of State

Entity Name: MACK MORTGAGE & FINANCIAL GROUP, INC.

Current Principal Place of Business:

7219 FORESTVIEW LANE NORTH
SUITE 150
MAPLE GROVE, MN 55369

New Principal Place of Business:

Current Mailing Address:

7219 FORESTVIEW LANE NORTH
SUITE 150
MAPLE GROVE, MN 55369

New Mailing Address:

FEI Number: 41-1952084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GR ROBBINS & ASSOCIATES, P.A.
3375 CAPITAL CIRCLE N.E. BLDG. C
TALLAHASSEE, FL 32308 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: DPCE () Delete
Name: MACK, DANIEL
Address: 7219 FORESTVIEW LANE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

Title: DSV () Delete
Name: OARE, THEODORE
Address: 7219 FORESTVIEW LANE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

Title: DSV () Delete
Name: NELSON, DALE P
Address: 7219 FORESTVIEW LANE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

Title: D () Delete
Name: MACK, MAUREEN
Address: 7219 FORESTVIEW LANE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

Title: D () Delete
Name: MACK, THOMAS
Address: 7219 FORESTVIEW LANE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

Title: D () Delete
Name: MACK, KATHRYN
Address: 7219 FORESTVIEW LANE NORTH
City-St-Zip: MAPLE GROVE, MN 55369

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:

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 Section 119.07(3)(i), 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: THEODORE OARE

DSV

03/31/2005

Electronic Signature of Signing Officer or Director

Date