

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001981

**FILED**  
**Aug 23, 2011**  
**Secretary of State**

**Entity Name:** MARYLAND DESTINY MORTGAGE GROUP, INC.

**Current Principal Place of Business:**

246 COCKEYSVILLE RD  
STE 3  
COCKEYSVILLE, MD 21030

**New Principal Place of Business:**

**Current Mailing Address:**

246 COCKEYSVILLE RD  
STE 3  
COCKEYSVILLE, MD 21030

**New Mailing Address:**

**FEI Number:** 52-1985309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, MARK  
245 E VIRGINIA ST  
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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: SHAGENA, JOSEPH H III  
Address: 246 COCKEYSVILLE RD, STE 3  
City-St-Zip: COCKEYSVILLE, MD 21030

Title: S  
Name: BRINKLEY-SCOTT, CYNTHIA  
Address: 246 COCKEYSVILLE RD, STE 3  
City-St-Zip: COCKEYSVILLE, MD 21030

Title: CO  
Name: COHEN, ELLEN J  
Address: 246 COCKEYSVILLE RD, STE 3  
City-St-Zip: COCKEYSVILLE, MD 21030

I hereby 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 all other like empowered.

SIGNATURE: ELLEN COHEN

CO

08/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date