


FILED
Jun 10, 2008 8:00 am
Secretary of State

05-08-2008 90011 004 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F0500006798

1. Entity Name
 MORTGAGE WORLD BANKERS, INC.



Principal Place of Business
 32-75 STEINWAY STREET, SUITE 212
 ASTORIA, NY 11103

Mailing Address
 32-75 STEINWAY STREET, SUITE 212
 ASTORIA, NY 11103

66013809



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

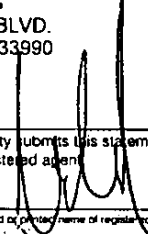
4. FEI Number
 42-1586715

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVE, LAGOUDIS
 1224 DEL PRADO BLVD.
 CAPE CORAL, FL 33990



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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: x6/4/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LAGOUDIS, STEVE 71 TULIP LANE WILLISTON PARK, NY 11596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAGOUDIS, MICHAEL 359 EAST MAIN STREET JEFFERSON VALLEY, NY 10535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____