


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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| DOCUMENT # F06000000455 1. Entity Name WEALTH MORTGAGE CONCEPTS, INC. |  |
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| Principal Place of Business TWO REGENCY PLAZA STE 12 PROVIDENCE, RI 02903 | Mailing Address TWO REGENCY PLAZA STE 12 PROVIDENCE, RI 02903 |
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

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|--|--------------------------------|
| 4. FEI Number 72-1604125 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PALLOZZI, VINCENT
9185 BAY POINTE CIR
W PALM BEACH, FL 33411

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000589270 01/18/07-80009-015 158.75 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DESTEFANIS, SUSAN M 94 BRADLEY ST PROVIDENCE, RI 02908 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S DIBIASE, LYNNE M 3 TABOR ST CRANSTON, RI 02920 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T MANCINI, LAWRENCE J 17 RIMWOOD DR SMITHFIELD, RI 02917 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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: Susan Destefanis 1/10/07 401-490-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #