

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000472

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: MORTGAGE INVESTMENTS UNLIMITED, INC.

**Current Principal Place of Business:**

23503 N EAST DRIVE  
BARRINGTON, IL 60010

**New Principal Place of Business:**

10700 W HIGGINS ROAD  
210  
ROSEMONT, IL 60018

**Current Mailing Address:**

23503 N EAST DRIVE  
BARRINGTON, IL 60010

**New Mailing Address:**

FEI Number: 27-0132950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRESKY, ROBIN  
595 SOUTH FEDERAL HWY STE 600  
BOCA RATON, FL 33432 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: CD ( ) Delete  
Name: WROBEL, MALGORZATA  
Address: 23503 N EAST DRIVE  
City-St-Zip: BARRINGTON, IL 60010

Title: PST ( ) Delete  
Name: WROBEL, MALGORZATA  
Address: 23503 N EAST DRIVE  
City-St-Zip: BARRINGTON, IL 60010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MALGORZATA WROBEL

MRS.

04/21/2008

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

\_\_\_\_\_  
Date