


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State


DOCUMENT # F08000000004

1. Entity Name
THE MORTGAGE VAULT, INC.



Principal Place of Business 3370 URBANA PIKE IJAMSVILLE, MD 21754	Mailing Address 3370 URBANA PIKE IJAMSVILLE, MD 21754
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2047023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIPP, ALLEN
 961 SWALLOW AVE #208
 MARCO ISLAND, FL 34145**

DO NOT WRITE IN THIS SPACE

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

**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	P TRIPP, LESLIE 3370 URBANA PIKE IJAMSVILLE, MD 21754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWISHER, DAVID 3370 URBANA PIKE IJAMSVILLE, MD 21754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KHOKHAR, MOHAMMED 3370 URBANA PIKE IJAMSVILLE, MD 21754
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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: *Leslie Tripp* **2/4/08** **3018742196x101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #