

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000006362</b>	
1. Entity Name <b>MORTGAGE LENDERS NETWORK USA, INC.</b>	



Principal Place of Business <b>213 COURT STREET 11TH FLOOR MIDDLETOWN, CT 06457 US</b>	Mailing Address <b>213 COURT STREET 11TH FLOOR MIDDLETOWN, CT 06457 US</b>
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03312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1467394</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BLANTON, EDWIN F ESQ 825 THOMASVILLE RD TALLAHASSEE, FL 32303</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000506899  
04/27/06-80042-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCPS HEFFERNAN, MITCHELL L 2C NORTH SLOB ST. CROIX, VI 00820</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBERGE, RANDAL S 30 SUMMERBERRY CIRCLE BRISTOL, CT 06010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S OLEARCEK, STEVEN F 16 OLDE FARMS RD ELLINGTON, CT 060259</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V PEDRICK, JAMES E 7 JOSHUA LANE LYME, CT 06371</b>
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:**

*Steven F. Olearcek, VP/Corporate Counsel* 4/10/06 (860) 704-6235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR