

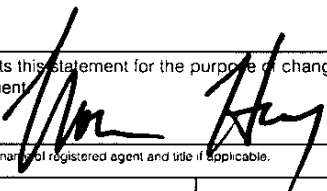
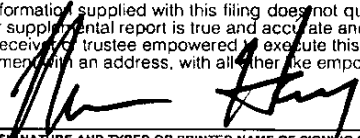


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90012 002 ***550.00

DOCUMENT # F98000005984 1. Entity Name MAINSTREET MORTGAGE MAKERS, INC.																													
Principal Place of Business 2002 N LOIS AVE 650 TAMPA, FL 33607 US			Mailing Address 2002 N LOIS AVE 650 TAMPA, FL 33607 US																										
2. Principal Place of Business - No P.O. Box # 2203 N LOIS AVE Suite, Apt. #, etc. 922		3. Mailing Address 2203 N LOIS AVE Suite, Apt. #, etc. 922																											
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 58-1873488																									
Zip 33607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HANEY, NORMAN B 2002 N LOIS AVE 650 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name HANEY, NORMAN B Street Address (P.O. Box Number is Not Acceptable) 2203 N LOIS AVE 922 City TAMPA FL Zip Code 33607																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PST</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HANEY, NORMAN B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2002 N LOIS AVE SUITE 650</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> </tr> </table>			TITLE	PST	<input checked="" type="checkbox"/> Delete	NAME	HANEY, NORMAN B		STREET ADDRESS	2002 N LOIS AVE SUITE 650		CITY-ST-ZIP	TAMPA, FL 33607		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PST</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HANEY, NORMAN B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2203 N LOIS AVE SUITE 922</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> </tr> </table>			TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HANEY, NORMAN B		STREET ADDRESS	2203 N LOIS AVE SUITE 922		CITY-ST-ZIP	TAMPA, FL 33607	
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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:  8/4/07 813-389-9362 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													