

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90031 026 ***150.00

DOCUMENT # P00000001141 1. Entity Name MORTGAGECIRCLE.COM, INC.			
Principal Place of Business C/O JONATHAN KLINE, ESQ. 9050 PINES BLVD., SUITE 250 PEMBROKE PINES, FL 33024		Mailing Address C/O JONATHAN KLINE, ESQ. 9050 PINES BLVD., SUITE 250 PEMBROKE PINES, FL 33024	
2. Principal Place of Business <i>2701 Executive Park Dr.</i>		3. Mailing Address <i>2701 Executive Park Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Weston, FL</i>		City & State <i>Weston, FL</i>	
Zip <i>33331</i>		Zip <i>33331</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0972177		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 KLINE, JONATHAN ESQ. PEMBROKE PINES PROFESSIONAL CENTER 9050 PINES BLVD., SUITE 250 PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2701 Executive Park Dr.</i> City <i>Weston</i> FL Zip Code <i>33331</i>	
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 <i>Jonathan Kline</i> <small>Signature, type or printed name of registered agent and title if applicable.</small>		DATE <i>1-5-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KLINE, BARBARA 1136 BIRCHWOOD ROAD WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>1-5-05</i> Daytime Phone # <i>954-888-4646</i>	