Division of Commissions

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (305)672-0686 Phone Fax Number : (305)672-9110

REGISTERED AGENT CHANGE

MORTGAGECIRCLE.COM, INC.

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Help

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: MORTGAGECIRC	
2. The principal office address: 2761 Executive Park	Drive
Weston FL 33331	
5. The manning address (in direction).	
4. Date of incorporation/qualification: 1/5/2000	Document Number: P00000001141
5. The name and street address of the current registered Florida Department of State:  Jonathan H. Kline, Esq.	d agent and registered office on file with the
2761 Executive Park Drive	
Weston FL 33331	
6. The name and street address of the new registered ap (if changed):	gent (if changed) and /or registered office
Barbara Kline	
2761 Executive Park Drive	
(P.O. Box Not acceptable Weston FL 33331	ole)
The street address of its registered office and the stragent, as changed will be identical.  Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been not approximately the board, or the corporation has been not been	pted by its board of directors or by an officer so
(Signature of an officer or director)	Barbara Kline, President by E.S. Davila as attorney-in-fact (Printed or Typed name and title)
I hereby accept the appointment as registered agent ar I further agree to comply with the provisions of a performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to the hereby confirm that the corporation has been notified it	il statutes relative to the proper and complete accept the obligation of my position as registered reflect a change in the registered office address. I
qual me	4/20/2006
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Barbara Kline by E.S. Davila as automey-in-fact (Typed or Printed Name)	
MAKE CHECKS PAYABLE TO  MAIL TO: DIVISION OF CORPORATIONS	FLORIDA DEPARTMENT OF STATE S, P.O. BOX 6327, TALLAHASSEE, FL 324

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686