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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP] WAIT	MAIL			
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Certified Copies	_Certificates of	Status			
Special Instructions to Filin	g Officer:				
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SECRETARY OF STATE
ALLAHASSEF, F, STATE

Officer Resignation

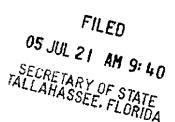
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: MARTGAGE ARCHITECTS INC. (Name of Corporation)
DOC	CUMENT NUMBER:
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
	ANTHONY FREZZA (Name of Person)
	MORTGAGE ARCHITECTS INC (Name of Firm/Company)
_33(61 ROUSE RD SUITE 140 (Address)
_0	RLANDO FL 32817 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
	IOHN VICKERS at (407) 7373552 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divisi P.O. I	ing Address: Independent Section Ion of Corporations Box 6327 Independent Section Division of Corporations Box 6327 Independent Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, _	ANTHONY	FREZZA	, hereby resign as	VP
				(Title)
of	10 DTC	ACE ACCI	TECTS INC	
01_	MORIG	(Name of Corpor	ITECTS INC.	
		(r	·····,	
		a con	poration organized unde	r the laws of the State of
	(Document Number, i	f known)	b 0.100.01. 0.100.000 0.100	
	F1 0-5			
	FLORIDA	,		
		3200	·	
	- [M	//Signature	of resigning officer/director	<u> </u>
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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314