FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90233 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006373

1. Entity Name
MORTGAGE APPROVAL CENTER, INC.

11016612

Principal Place of Business	Mailing Address
729 N. MANASOTA KEY ROAD ENGLEWOOD, FL 34223	729 N. MANASOTA KEY ROAD ENGLEWOOD, FL 34223
2. Principal Place of Business: 101 S TAMIAMI TRAIL	3. Mailing Address: 101 S TAMIAMI TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NOKOMIS, FL	City & State: NOKOMIS, FL
Zip: 34275 Country: USA	Zip: 34275 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1069393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLINGBEIL, ROBERT T JR. 341 WEST VENICE AVENUE VENICE, FL 34285	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! Fee is $150.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MULLIGAN, MICHELLE 729 N. MANASOTA KEY ROAD ENGLEWOOD, FL 34223	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO / PRESIDENT DEAN HOUGH 1329 KEYWAY RD ENGLEWOOD, FL 34223	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4/15/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #