

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053360

FILED
Apr 11, 2006
Secretary of State

Entity Name: MORTGAGE INVESTMENT SOLUTIONS, INC.

Current Principal Place of Business:

3630 NW 85TH WAY
#105
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3630 NW 85TH WAY
#105
SUNRISE, FL 33351

New Mailing Address:

P.O. BOX 190152
FT LAUDERDALE, FL 33319

FEI Number: 75-3059938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMARALES, SHEKIVAH
3630 NW 85TH WAY #105
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT, SHOMARI
Address: 3630 NW 85TH WAY #105
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: ALMARALES, SHEKIVAH
Address: 3630 NW 85TH WAY #105
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHOMARI SCOTT

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04/11/2006

Electronic Signature of Signing Officer or Director

Date