2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056798

FILED Apr 19, 2008 Secretary of State

Entity Name: MORTGAGE MASTERS OF THE TREASURE COAST, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ORT ST. LUC	E BOULEVARD		
SUITE A PORT ST.	LUCIE, FL 34	1953		
Current M	lailing Addre	ss:	New Mailing Address	s:
81 SW P	ORT ST. LUC	E BOULEVARD		
SUITE A PORT ST.	LUCIE, FL 34	1953		
El Number	: 01-0700287	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
'ENIT OA				
PORT ST	ARATOGA AV LUCIE, FL 34 e named entity	953 US	ourpose of changing its registered	d office or registered agent, or both,
56 SW S PORT ST The above the State	ARATOGA AV LUCIE, FL 34 anamed entity e of Florida.	953 US	ourpose of changing its registered	d office or registered agent, or both,
56 SW S ORT ST	ARATOGA AV LUCIE, FL 34 e named entity e of Florida. RE:	953 US		d office or registered agent, or both, Date
56 SW S PORT ST The above the State	ARATOGA AV LUCIE, FL 34 e named entity e of Florida. RE: Electro	953 US submits this statement for the		
56 SW S PORT ST The above the State SIGNATUE	ARATOGA AV LUCIE, FL 34 e named entity e of Florida. RE: Electro	953 US submits this statement for the labels of the labels of Registered Ag g Trust Fund Contribution ().	ent	
56 SW S PORT ST The above the State SIGNATUE	ARATOGA AV LUCIE, FL 34 e named entity e of Florida. RE: Electrol mpaign Financin S AND DIREC	submits this statement for the submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete AS C TOGA AVE	ent ADDITIONS/CHANGE	Date

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS C. KENT PTSD 04/19/2008