

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084164

Entity Name: MORTGAGE SOURCE USA, INC.

FILED
Jul 09, 2009
Secretary of State

Current Principal Place of Business:

870 111TH AVENUE N
UNIT #2
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

870 111TH AVENUE N
UNIT #2
NAPLES, FL 34108

New Mailing Address:

PO BOX 10111
NAPLES, FL 34101

FEI Number: 11-3649616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLTON, DIANNA L
870 111TH AVENUE N
STE #2
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

BOLTON, DIANNA
870 111TH AVENUE N
STE #2
NAPLES, FL 34108 US

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: DBOLTON

07/09/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BOLTON, DIANNA L
Address: 870 111TH AVE N STE 2
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOLTON, DIANNA
Address: 870 111TH AVE N STE 2
City-St-Zip: NAPLES, FL 34108

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: DBOLTON

PRES

07/09/2009

Electronic Signature of Signing Officer or Director

Date