2007 FOR PROFIT CORPORATION · ANNUAL REPORT

FILED Feb 02, 2007 08:00 AM

| · - | ANNOALI | <u> </u> | , - | | Seci | retary of State |
|---|--|--|--|---|---|------------------------------------|
| DOCUMENT # P02000098097 1. Entity Name | | | | * | | culy of State |
| MORTG/ | AGE APPROVAL SERVICES, I | NC, | | | | |
| Principal Plac | ce of Business | Mailing Address | : | 1 | | ā |
| 2587 N TOL | LEDO BLADE BLVD kt, fl 34289 | 2578 N TOLEDO BLADE BLVD NORTH PORT, FL 34289 | | ************************************** | | |
| ļ | The state of the s | the state and agreement of the state of the | | | | |
| | | | to the terror of the first of the constant | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 01242007 | No Chg-P | CR2E034 (11/05) |
| | | | | 4. FEI Numb 02-064 | | Applied For Not Applicable |
| | | - | | 5. Certificate | of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | | | |
| MULLIGAN, MICHELLE A 2587 N TOLEDO BLADE BLVD NORTH PORT, FL 34289 | | | | | NOT WE | |
| | | | | | | |
| 8. The above the obligat | e named entity submits this statement for the tions of registered agent. | purpose of changing its registere | d affice or register | ed agent, or bo | th, in the State of Florid | da. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered ingent and tit | e il applicable. (NOTE, Registèred | i Agent signature required | when reinstating) | | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | .00 May Be ed to Fees | | |
| 10. | OFFICERS AND DIRE | CTORS | | *************************************** | , , , , , , , , , , , , , , , , , , , | के के किया है किया है है है |
| TITLE NAME | MULLIGAN, MICHELLE A | | | | <u> </u> | <u>617377</u> |
| STREET ADDRESS CITY-ST-ZIP | 2587 N TOLEDO BLADE BLVD NORTH PORT, FL 34289 | | | | 02/07/07- | 80072-025 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ** * ** | | | • • |
| TITLE | | | | | | |
| NAME | | | Ī | | | |
| STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | | |
| TITLE | | | | IN " | THIS SPA | ACF |
| NAME | { | | | # 1 76 | | |
| STREET ADDRESS CITY - ST - ZIP | | | | | | |
| TITLE | | | | • | | y Titte in the |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and incurate 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 fixe empowered.

SIGNATURE: Y

STREET ADDRESS CITY-5T-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP