

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115146

FILED
Mar 11, 2005
Secretary of State

Entity Name: MORTGAGE BANKERS ACADEMY, INC.

Current Principal Place of Business:

605 E ROBINSON STREET
STE 540
ORLANDO, FL 32801

Current Mailing Address:

5840 RED RUG LAKE RD
#345
WINTER SPRINGS, FL 32708

New Principal Place of Business:

800 CELEBRATION AVENUE
#223
CELEBRATION, FL 34747 US

New Mailing Address:

5840 RED RUG LAKE RD
#345
WINTER SPRINGS, FL 32708 US

FEI Number: 02-0650212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUAID, RICHARD
5840 RED BUG LAKE ROAD
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

QUAID, RICHARD
5840 RED BUG LAKE ROAD
#345
WINTER SPRINGS, FL 32708 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:

03/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: QUAID, RICHARD
Address: 220 LOOKOUT PL #150
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: QUAID, RICHARD
Address: 220 LOOKOUT PL #150
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: QUAID, RICHARD
Address: 5840 RED BUG LAKE ROAD #345
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Change () Addition
Name: QUAID, RICHARD
Address: 5840 RED BUG LAKE ROAD #345
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD QUAID

DPVS

03/11/2005

Electronic Signature of Signing Officer or Director

Date