


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90048 013 ***158.75

DOCUMENT # P03000020079	
1. Entity Name MERIDIAN MORTGAGE ACCEPTANCE CORPORATION	

Principal Place of Business 4833 FOXSHIRE CIRCLE TAMPA, FL 33624	Mailing Address 4833 FOXSHIRE CIRCLE TAMPA, FL 33624
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2. Principal Place of Business - No P.O. Box # 10014 N Dale Mabry Hwy Suite, Apt. #, etc. Suite 101 City & State Tampa, FL Zip 33618 Country USA	3. Mailing Address 10014 N Dale Mabry Hwy Suite, Apt. #, etc. Suite 101 City & State Tampa, FL Zip 33618 Country USA
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04052007 Chg-P CR2E034 (12/06)

4. FEI Number 43-2000046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GAMBINO, BOBBY 4833 FOXSHIRE CIRCLE TAMPA, FL 33624	7. Name and Address of New Registered Agent Name Lauren Flanagan Street Address (P.O. Box Number is Not Acceptable) 13920 Fletchers Mill Dr City Tampa FL Zip Code 33613
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE Lauren Flanagan DATE 4/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAMBINO, BOBBY 4833 FOXSHIRE CIRCLE TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lauren Flanagan 13920 Fletchers Mill Dr Tampa FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAMBINO, JENNIFER 4833 FOXSHIRE CIRCLE TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lauren Flanagan 13920 Fletchers Mill Dr Tampa FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 accurate 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 like empowered.

SIGNATURE: Lauren Flanagan DATE 4/5/07 8139689841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR