

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000069497

FILED
Nov 19, 2007
Secretary of State**Entity Name:** MORTGAGE MASTERS BROKERAGE BUSINESS, INC.**Current Principal Place of Business:**29296 US HWY 19 N
SUITE 207
CLEARWATER, FL 33761**New Principal Place of Business:****Current Mailing Address:**29296 US HWY 19 N
SUITE 207
CLEARWATER, FL 33761**New Mailing Address:****FEI Number:** 57-1174418**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHISSELL, MICHAEL
29296 US HWY 19 N
SUITE 207
CLEARWATER, FL 33761 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: CHISSELL, MICHAEL J
Address: 29296 US HWY 19 N STE. 207
City-St-Zip: CLEARWATER, FL 33761**Title:** VP (X) Delete
Name: BIRCHFIELD, CHRISTIE D
Address: 29296 US HWY 19 N STE. 207
City-St-Zip: CLEARWATER, FL 33761**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: CHISSELL, MICHAEL J
Address: 29296 US HWY 19 N STE. 207
City-St-Zip: CLEARWATER, FL 33761**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J. CHISSELL

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11/19/2007

Electronic Signature of Signing Officer or Director_____
Date