2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020355

FILED Jan 19, 2006 Secretary of State

Entity Name: MORTGAGE SOLUTIONS FINANCIAL SERVICES INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|---|---|--|--|
| | INER BLVD. IILL, FL 34608 | US | | | |
| Current N | lailing Address | s: | New Mailing Address | s: | |
| | INER BLVD. IILL, FL 34608 | US | | | |
| FEI Number | : 52-2440041 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address o | Name and Address of New Registered Agent: | | |
| | AN, VYACHESI | .AV | | | |
| 4119 MAR SPRING H The above | INÉR BLVD. IILL, FL 34608 named entity s e of Florida. | US | urpose of changing its registered | d office or registered agent, or both, | |
| 4119 MAR SPRING H The above in the State | INER BLVD. IILL, FL 34608 named entity see of Florida. RE: | US | | d office or registered agent, or both, Date | |
| 4119 MAR SPRING H The above in the State SIGNATUI | INÉR BLVD. IILL, FL 34608 Inamed entity selectroni | US ubmits this statement for the pu | | | |
| 4119 MAR SPRING F The above in the State SIGNATUI | INÉR BLVD. IILL, FL 34608 Inamed entity selectroni | US ubmits this statement for the put c Signature of Registered Age Trust Fund Contribution (). | nt | | |
| 4119 MAR SPRING F The above in the State SIGNATUI | INÉR BLVD. IILL, FL 34608 Inamed entity set of Florida. RE: Electroni Impaign Financing S AND DIRECT | US ubmits this statement for the put c Signature of Registered Age Trust Fund Contribution (). CORS: Delete CACHESLAV DWAY CT. | nt | Date | |

I hereby certify that the information supplied with this filing does not qualify for the 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: DAN SUDNIK PRES 01/19/2006