2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027231

Entity Name: MORTGAGE MAX DIRECT, INC.

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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626 YALE STREET 413 VIRGINIA DRIVE ORLANDO, FL 32804 ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

626 YALE STREET 413 VIRGINIA DRIVE ORLANDO, FL 32804 ORLANDO, FL 32803

FEI Number: 20-0739393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, DONAVAN
626 YALE STREET
ORLANDO, FL 32804 US

DAVIS, DONAVAN
413 VIRGINIA DRIVE
ORLANDO, FL 32803 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: DONAVAN DAVIS 01/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DAVIS, DONAVAN Name: DAVIS, DONAVAN

Address: 626 YALE STREET Address: 413 VIRGINIA DRIVE City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32803

Title: CEO () Delete Title: CEO (X) Change () Addition Name: DAVIS, DONAVAN Name: DAVIS, DONAVAN

Address: 626 YALE STREET Address: 413 VIRGINIA DRIVE City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32803

Title: V (X) Delete Title: () Change () Addition

 Name:
 JEBAILEY, KARL
 Name:

 Address:
 626 YALE STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32804
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 CONSTANTINE, TARA
 Name:
 CONSTANTINE, TARA

 Address:
 626 YALE STREET
 Address:
 413 VIRGINIA DRIVE

 City-St-Zip:
 ORLANDO, FL 32804
 City-St-Zip:
 ORLANDO, FL 32803

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: DONAVAN DAVIS PD 01/07/2005