2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State 01-30-2006 90074 015 ***150.00

EAKE WORTH, FL 33461 City LAVE WORTH FL Zip Code S	DOCUMENT # P04000036097 1. Entity Name MORTGAGE INDUSTRY MARKETING SOLUTIONS, INC.					01-30-2006 90074 015 ***150.00					
LIKE WORTH, FL 33461 LIKE WORTH, FL 33463	4290 10TH		4290 10TH AVE N	I		2		20004016			
Sulfe, Apt. 8. etc. Sulfo, Ap		l, FL 33461					13) 1111 121 13 1		ENE NEN ALE		
City & State Ci	6749	1 LURAIS DRIVE	6744 LURAIS DRI		l€						
The Above named entity furthing the statement for the obligations of registered agent. The Above named entity furthing the statement for the obligations of registered agent. The Objections of Park The Objections o	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01262006	Chg-P	CR2E034	(11/05)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable) 6. The Aboven named entity Jubritis this statement to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 6. The Aboven named entity Jubritis this statement to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 6. THE NOWILL FEE IS \$150.00 6. THE NOWILL FEE IS \$150.00 6. SECONDATIONAL THE STATE OF THE	City & State	WORTH, FL	LAKE WORTH, FL						<u> </u>	 	
Norm JEFFERY Let More Layer	334	63 PALM BEACH	33463	PACM BEACH 5. Certificate of Status Desired			Fe	e Required			
Street Address (P.O. Box Number is Not Acceptable) CFFGETIVE 4/21/05	Nama ——										
SUITE 104 LAKE WORTH, FL 33461 CITY LAKE WORTH FL Zip Code 3 4 6 3 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. SIGNATURED FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. THIS MAKE THE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME OPTIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP Delete THE NAME STREET ADDRESS CITY-ST-ZIP DELETE TORRESS CITY-ST-ZIP Change Addition Addition THE NAME STREET ADDRESS CITY-ST-ZIP Change Addition THE NAME STREET ADDRESS CITY-ST-ZIP Change Addition THE NAME STREET ADDRESS CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP Change Addition Addition THE NAME STREET ADDRESS CITY-ST-ZIP Change Addition THE NAME STREET ADDRESS CITY-ST-ZIP CHANGES CITY-				Street Ad	JEFFERY LEE MORELAND						
8. The above named entit Jubritis this stategrant 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the profile and accept the prof	SUITE 104			1.74	41/	ALC ALS	- Deme	\ 	ve) 4	127/05	
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. 1	CARE WORTH, FE 35401			0 / 9 City	City 4 a Zin Codo						
1/27 0 6	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										
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PD HENDERSON, SCOTT STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE T	SIGNATURED 1/27/06										
TITLE NAME HENDERSON, SCOTT 1327 PINE CIR GREEN ACRES, FL 33463 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE CHARGE Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Addition Change	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
TITLE NAME HENDERSON, SCOTT ITTLE NAME HENDERSON, SCOTT STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP Change Addition Ad	10.	OFFICERS AND I	DIRECTORS	11.	· · · · -	ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTORS	S IN 11	
STREET ADDRESS CITY-ST-ZIP GREEN ACRES, FL 33463 CITY-ST-ZIP GREEN ACRES, FL 33463 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TASON S. HENDERSON CHADGITOR Addition Addition Addition TASON S. HENDERSON TAS			☐ Delete		VICE				/		
Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Change CITY-ST-ZIP					651	Aduc=)		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CREEN ACRES, FL 33463	·	GREEN ACRES, FL 33463				,		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CREEN ACRES, FL 33463			∟J Delete		PRE	ESIDEM ECERV	Lee More	L <i>EKAN</i> D	_ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP Delete					674	14 LUR.	415 DRIVE	€			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR TASON S. HENDERSON CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME CITY-ST-ZIP Delete THLE NAME NAME NAME Delete STREET ADDRESS CITY-ST-ZIP CREEN ACRES, FL 33463			☐ Delete		LAK	Œ wo	RTH, FL	33463 [[]	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CREEN ACRES, FL 33463 The control of the c					1		//>				
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR THENDERSON Change Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CREEN ACRES, FL 33463 TITLE NAME Delete TITLE NAME Addition Change Addition Addition NAME					CFF	ECTIVE	4/27/05)	<u>-</u>			
CITY-ST-ZIP CHange Addition			L Delete	I				L	_) Change	☐ Addition	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE DIRECTOR TASON S. HENDERSON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME Delete TITLE NAME DIRECTOR TASON S. HENDERSON Change Addition Addition Change Addition											
CITY-ST-ZIP	TITLE		☐ Delete	TITLE	DIRE	ECTOR	1-10-00	, [Change	Addition	
CITY-ST-ZIP GREENACRES, FL 33463 Change Addition NAME				NAME Street Address	132	tson 3. 7 PINE	HENDERSO	5,10		•	
NAME NAME .					GRE	ENACRE	5, FL 33	463			
· · · · · · · · · · · · · · · · · · ·			☐ Delete					C	Change	Addition	
	STREET ADDRESS			STREET ADDRESS					•		
CITY-ST-ZIP 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 accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director		certify that the information windlied with	this filling does not qualify for t		ontained	in Chapter 119	. Florida Statutes 1	turther certify	that the in	nformation	

of the corporation or the receiver of 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 at other like empowered.

SIGNATURE ?