

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070280

Entity Name: MLS MORTGAGE PARTNERS, INC.

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

PO BOX 421793  
KISSIMMEE, FL 34742

**New Principal Place of Business:**

1633 E. VINE STREET  
SUITE 118  
KISSIMMEE, FL 34742

**Current Mailing Address:**

PO BOX 421793  
KISSIMMEE, FL 34742

**New Mailing Address:**

FEI Number: 20-1065749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, ARMANDO  
400 N. FERNCREEK AVE  
ORLANDO, FL 32803 US

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

GARCIA, MARIO A ESQ  
400 N. FERNCREEK AVE  
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: AGONZALEZ

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, ARMANDO  
Address: PO BOX 421793  
City-St-Zip: KISSIMMEE, FL 34742

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: AGONZALEZ

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date