2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90255 041 ***150.00

DOCUMENT # P04000114804

1. Entity Name
MORTGAGE CONSULTANTS NETWORK, INC.

Principal Place of Business	Mailing Address
515 S ALBANY STREET SUITE A TAMPA, FL 33606 US	515 S ALBANY STREET SUITE A TAMPA, FL 33606 US

04222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3314 Henderson Blvd	3314 Henderson Blvd
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.: Suite 102
City & State: Tampa Fl	City & State: Tampa FL
Zip: 33609 Country: U.S.	Zip: 33609 Country: U.S.

4. FEI Number 20-1508321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAROSE, LEE
515 S ALBANY STREET
SUITE A
TAMPA, FL, FL 33606-US

7. Name and Address of New Registered Agent

Name: Lee MAROSE
Street Address (P.O. Box Number is Not Acceptable): 3314 Henderson Blvd #102
City: TAMPA **FL** Zip Code: 33609

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.

SIGNATURE: Lee Marose 4.22.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAROSE, LEE 515 S ALBANY STREET SUITE A TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lee MAROSE 3314 Henderson Blvd #102 Tampa, Fl 33609	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. P. George Robins 3314 Henderson Blvd Suite 102 Tampa Fl 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Debra Lilly 3314 Henderson Blvd Suite 102 Tampa Fl 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #