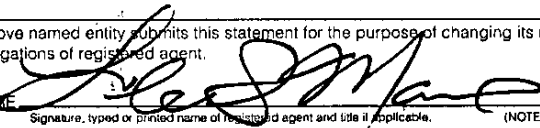
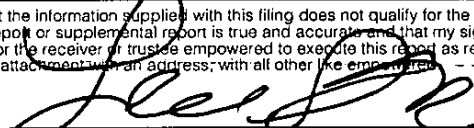


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 515 S ALBANY STREET SUITE A TAMPA, FL 33606 US			Mailing Address 515 S ALBANY STREET SUITE A TAMPA, FL 33606 US		
2. Principal Place of Business 3314 Henderson Blvd Suite 102 Tampa FL		3. Mailing Address 3314 Henderson Blvd Suite 102 Tampa FL			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102		04222005 Chg-P CR2E034 (10/03)	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-1508321	
Zip 33609		Country U.S.		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 ☐ Delete MAROSE, LEE 515 S ALBANY STREET SUITE A TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition LEE MAROSE 3314 Henderson Blvd #102 Tampa, FL 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	v.p. ☐ Delete George Robins 3314 Henderson Blvd Suite 102 Tampa FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Delete Debra Liley 3314 Henderson Blvd Suite 102 Tampa FL 33609	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 empowers.					
SIGNATURE:  4/22/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					