# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P04000114804

Entity Name: MORTGAGE CONSULTANTS NETWORK, INC.

FILED Jul 12, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3314 HENDERSON BLVD. 2111 W. SWANN AVE SUITE 102 SUITE 202

TAMPA, FL 33609 US TAMPA, FL 33606 US

Current Mailing Address: New Mailing Address:

3314 HENDERSON BLVD. 2111 W. SWANN AVE SUITE 102 SUITE 202

TAMPA, FL 33609 US TAMPA, FL 33606 US

FEI Number: 20-1508321 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:

MAROSE, LEE
3314 HENDERSON BLVD.
SUITE 102
TAMPA, FL 33609 US

MAROSE, LEE
2111 W. SWANN AVE
SUITE 202
TAMPA, FL 33606 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: 07/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: MAROSE, LEE Name: MAROSE, LEE

Address: 3314 HENDERSON BLVD., SUITE 102 Address: 2111 W. SWANN AVE SUITE 202

City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33606 US

Name: ROBINS, GEORGA Name: DINSMORE, JENNIFER

Address: 3314 HENDERSON BLVD., SUITE 102 Address: 2111 W. SWANN AVE SUITE 202

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33606

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

 Name:
 BABRA, LILLEY
 Name:
 LILLEY, BARBARA

 Address:
 3314 HENDERSON BLV., SUITE 102
 Address:
 2111 W. SWANN AVE

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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: LEE MAROSE P 07/12/2006