

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142314

FILED
May 01, 2006
Secretary of State

Entity Name: MOSAIC MORTGAGE SOLUTIONS, INC.

Current Principal Place of Business:

100 E. LINTON BLVD.
SUITE 135A
DELRAY BEACH, FL 33483

New Principal Place of Business:

2393 S. CONGRESS AVE
SUITE 200
WEST PALM BEACH, FL 33406

Current Mailing Address:

100 E. LINTON BLVD
SUITE 135A
DELRAY BEACH, FL 33483

New Mailing Address:

2393 S. CONGRESS AVE
SUITE 200
WEST PALM BEACH, FL 33406

FEI Number: 20-1745800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRABAL, MILTON D
100 E. LINTON BLVD
SUITE 135A
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

TRABAL, MILTON D
2393 S. CONGRESS AVE
SUITE 200
WEST PALM BEACH, FL 33406 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:

05/01/2006

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/T () Delete
Name: TRABAL, MILTON D
Address: 922 VILLA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP/S () Delete
Name: PEREZ, LIZETTE
Address: 1603 BRIAR OAK DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MILTON D TRABAL

P/T

05/01/2006

Electronic Signature of Signing Officer or Director

Date