2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90068 014 ***150.00

DOCUMENT # P05000035386

1. Entity Name
FIDELITY MORTGAGE DIRECT CORP.

Principal Place of Business	Mailing Address
580 CAPE COD LANE SUITE 2 ALTAMONTE SPRINGS, FL 32714 US	580 CAPE COD LANE SUITE 2 ALTAMONTE SPRINGS, FL 32714 US

05022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3505 LAKE LYNDA DR		3505 LAKE LYNDA DR	
Suite, Apt. #, etc: SUITE 114A		Suite, Apt. #, etc: SUITE 114-A	
City & State: ORLANDO FL		City & State: ORLANDO FL	
Zip: 32817	Country: USA	Zip: 32817	Country: USA

4. FEI Number: 20-2448767 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PINEDA, JONATHAN A
958 CROSS CUT WAY
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 458 GRANITE CIRCLE
CHULUOTA FL FL Zip Code 32817

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: JONATHAN A. PINEDA 5.2.07
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 Due by September 14, 2007

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PINEDA, JONATHAN A		NAME		
STREET ADDRESS	958 CROSS CUT WAY		STREET ADDRESS	3505 LAKE LYNDA DR STE 114A	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JONATHAN A. PINEDA 5-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #