2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083120

Entity Name: MORTGAGEHELP - FLORIDA, INC.

FILED Feb 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1035 N.E.125 STREET 10167 W SUNRISE BLVD 3RD FLOOR 320

NORTH MIAMI, FL 33161 PLANTATION, FL 33322

Current Mailing Address: New Mailing Address:

10167 W SUNRISE BLVD 1035 N.E.125 STREET 3RD FLOOR NORTH MIAMI, FL 33161 PLANTATION, FL 33322

FEI Number: 20-2966841 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:

GALPERN, JOEL GALPERN, JOEL 10167 W SUNRISE BLVD 1035 N.E. 125 STREET 3RD FLOOR NORTH MIAMI, FL 33161 US PLANTATION, FL 33322 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: JOEL GALPERN 02/13/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

GALPERN, JOEL G GALPERN, JOEL G Name: Name: Address:

1035 N.E. 125 STREET #320 10167 W SUNRISE BLVD 3RD FLOOR Address:

City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: JOEL GALPERN 02/13/2009