

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000094933

**FILED**  
**Jun 15, 2006**  
**Secretary of State**

**Entity Name:** MORTGAGE PROCESSING, INC.

**Current Principal Place of Business:**

5145 CURRY FORD ROAD  
SUITE B  
ORLANDO, FL 32812

**New Principal Place of Business:**

840 E. WASHINGTON STREET  
ORLANDO, FL 32801

**Current Mailing Address:**

5145 CURRY FORD ROAD  
SUITE B  
ORLANDO, FL 32812

**New Mailing Address:**

840 E. WASHINGTON STREET  
ORLANDO, FL 32801

**FEI Number:** 20-3226047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLE, DOLORES S  
5145 CURRY FORD ROAD  
SUITE B  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

SALGUERO, MERCEDES F  
840 E. WASHINGTON STREET  
ORLANDO, FL 32801 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: MERCEDES F. SALGUERO

06/15/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COLE, DOLORES S  
Address: 5145 CURRY FORD ROAD, SUITE B  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COLE, DOLORES S  
Address: 840 E. WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

Title: V ( ) Change (X) Addition  
Name: COLE, PHILLIP L  
Address: 840 E. WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

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: DOLORES S. COLE

P

06/15/2006

Electronic Signature of Signing Officer or Director

Date