

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097788

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: MSG MORTGAGE COMPANY

## Current Principal Place of Business:

7025 BERACASA WAY SUITE 105C  
BOCA RATON, FL 33433 US

## New Principal Place of Business:

7025 BERACASA WAY, SUITE 105C  
BOCA RATON, FL 33433 US

## Current Mailing Address:

7025 BERACASA WAY SUITE 105C  
BOCA RATON, FL 33433 US

## New Mailing Address:

7025 BERACASA WAY, SUITE 105C  
BOCA RATON, FL 33433 US

FEI Number: 20-3143024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAXPLACE CORP  
2721 S US 1 SUITE 9  
FORT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

BUSINESS CHOICE ACCOUNTING  
4701 N FEDERAL HWY, 445  
POMPAÑO BEACH, FL 33064 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: JOE SOUZA

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SOUZA, JOLCELI F  
Address: 21180 LA VISTA CIRCLE  
City-St-Zip: BOCA RATON, FL 33428 US

Title: VPD ( ) Delete  
Name: FURTADO, ZILDILAINE  
Address: 21180 LA VISTA CIRCLE  
City-St-Zip: BOCA RATON, FL 33428 US

## 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: JOE SOUZA

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date