2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P05000144078

Entity Name: MORTGAGE EXPRESS.COM, INC.

Current Principal Place of Business:

24321 ADDISON PLACE CT
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24321 ADDISON PLACE CT
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 22-3917669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

RAMZAN, FIZA
24321 ADDISON PL CRT
BONITA SPRINGS, FL 34134 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: FIZA RAMZAN 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: RAMZAN, FIZA
Address: 24321 ADDISON PLACE CT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PSTD ( ) Delete
Name: RAMZAN, FIZA
Address: 24321 ADDISON PL CRT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PSTD ( ) Delete
Name: RAMZAN, FIZA
Address: 24321 ADDISON PL CRT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PSTD ( ) Delete
Name: RAMZAN, FIZA
Address: 24321 ADDISON PL CRT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PSTD ( ) Delete
Name: RAMZAN, FIZA
Address: 24321 ADDISON PL CRT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PSTD ( ) Delete
Name: RAMZAN, FIZA
Address: 24321 ADDISON PL CRT
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: FIZA RAMZAN OWNE 03/23/2009
Electronic Signature of Signing Officer or Director Date