2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158257

Entity Name: MORTGAGE SAVERS, INC.

FILED Aug 03, 2006 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

392 CROTON ST., 660 W FAIRBANKS AVE

MAITLAND, FL 32751 US SUITE 4

WINTER PARK, FL 32789 US

Current Mailing Address: New Mailing Address:

392 CROTON ST.. 660 W FAIRBANKS AVE

MAITLAND, FL 32751 US SUITE 4

WINTER PARK, FL 32789 US

FEI Number: 04-3834293 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:

FREDRICKSON, MARK 392 CROTON ST., MAITLAND, FL 32751

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:

US

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 FREDRICKSON, MARK
 Name:
 FREDRICKSON, MARK

 Address:
 392 CROTON ST.,
 Address:
 392 CROTON ST.,

 City-St-Zip:
 MAITLAND, FL 32751 US
 City-St-Zip:
 MAITLAND, FL 32751 US

Title: D () Delete Title: D/P (X) Change () Addition

 Name:
 FRANCIS, BRUCE
 Name:
 FRANCIS, BRUCE

 Address:
 5135 FAYANN ST.,
 Address:
 5135 FAYANN ST.,

 City-St-Zip:
 ORLANDO, FL 32812 US
 City-St-Zip:
 ORLANDO, FL 32812 US

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

Name: GRANT, RICARDO Name: GRANT, RICARDO

Address: 624 CORAL GLEN LOOP #106 Address: 9105 PLANTATION LAKE CIRCLE City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: SANFORD, FL 32771 US

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: BRUCE L. FRANCIS D/P 08/03/2006