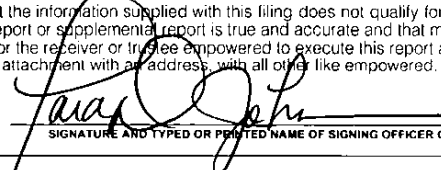


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90044 040 \*\*\*158.75

<b>DOCUMENT # P06000025514</b> 1. Entity Name <b>MORNING STAR MORTGAGE GROUP, INC.</b>					
Principal Place of Business <b>304 HANFORD ROAD SW PALM BAY, FL 32908 US</b>			Mailing Address <b>304 HANFORD ROAD SW PALM BAY, FL 32908 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>JOHNSON, TARA D 1590 JUPITER BLVD NW PALM BAY, FL 32907</b>			7. Name and Address of New Registered Agent Name <b>Tara D. Johnson</b> Street Address (P.O. Box Number is Not Acceptable) <b>304 Hanford Rd SW</b> City <b>Palm Bay</b> <b>FL</b> Zip Code <b>32908</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, TARA D 1590 JUPITER BLVD NW PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tara D. Johnson 304 Hanford Rd SW Palm Bay, FL 32908
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM-JOHNSON, ROBERT L JR 1590 JUPITER BLVD NW PALM BAY, FL 32907	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFC CLARK, DONNA L 1590 JUPITER BLVD NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFC Earline Smiley 4100 Fay Blvd. Cocoa, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFC Earline Smiley 4100 Fay Blvd. Cocoa, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFC Earline Smiley 4100 Fay Blvd. Cocoa, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>7-3-07 (321) 4804052</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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07052007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4347558** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required