## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000026246

Entity Name: MORTGAGE TODAY, INC.

FILED Dec 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5833 U.S. HWY 19 SUITE 2 5833 U.S. HWY 19 NEW PORT RICHEY, FL 34652 SUITE 2

SUITE 2

NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5833 U.S. HWY 19 SUITE 2 5833 U.S. HWY 19

NEW PORT RICHEY, FL 34652 SUITE 2

NEW PORT RICHEY, FL 34652

FEI Number: 20-4321088 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WODSTRCHILL, DANIEL L KELLY, DEBRA A 12353 ROSELAND DRIVE KELLY, DEBRA A 5537 WELLFIELD DR

NEW PORT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34655 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: DEBRA KELLY 12/20/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: DPT (X) Change ( ) Addition

Name: WODSTRCHILL, DANIEL L Name: KELLY, DEBRA A
Address: 12353 ROSELAND DRIVE Address: 5537 WELLFIELD DR

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: Title: (X) Change ( ) Addition () Delete WODSTRCHILL, PATRICIA A WODSTRCHILL, MICHAEL D Name: Name: 12353 ROSELAND DRIVE Address: 7331 CANVASBACK DR Address: NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654 City-St-Zip: 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: DEBRA KELLY DPT 12/20/2007