## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000028178

Entity Name: MORTGAGES MADE SIMPLE, INC.

FILED Apr 17, 2007 Secretary of State

753 JUNIPER PL 1035 STATE ROAD 7 316

WELLINGTON, FL 33414

WELLINGTON, FL 33414

**Current Mailing Address: New Mailing Address:** 

1035 STATE ROAD 7 753 JUNIPER PL WELLINGTON, FL 33414

316

WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 20-4392716 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:

CALDERWOOD, SHARI L CALDERWOOD, SHARI L 753 JUNIPER PLACE 753 JUNIPER PL

WELLINGTON, FL 33414 US US WELLINGTON, FL 33414

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: 04/17/2007

> Date Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete Title: **PRFS** (X) Change ( ) Addition

CALDERWOOD, SHARI L CALDERWOOD, SHARI L Name: Name: 753 JUNIPER PL 753 JUNIPER PL Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

Title: MD Title: (X) Change ( ) Addition () Delete SEC CALDERWOOD, JASON R Name: CALDERWOOD, JASON R Name:

753 JUNIPER PL 753 JUNIPER PL Address: Address: WELLINGTON, FL 33414 WELLINGTON, FL 33414 City-St-Zip: City-St-Zip:

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

Name: FISHEL, GARY E Name: 6687 VIA ROMA Address: Address:

City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33446

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: SHARI CALDERWOOD **PRES** 04/17/2007