2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072051

Entity Name: BMG MORTGAGE SOLUTION, INC.

FILED Apr 23, 2007 Secretary of State

Current P					
	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
601 SW 57	7 AVE		4995 NW 72 AVE		
SUITE F MIAMI, FL	33144		SUITE 208 MIAMI, FL 33166		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
601 SW 57	7 AVE		4995 NW 72 AVE		
SUITE F MIAMI, FL	33144		SUITE 208 MIAMI, FL 33166		
FEI Number:	: 20-4948164	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BRAVO, LI 640 FLAGA MIAMI, FL	AMI BLVD				
in the State	e of Florida.	submits this statement for the pur	pose of changing its registere	d office or registered agent, or both,	
SIGNATUR	KE:				
	Flectror	nic Signature of Registered Agent		 Date	
Election Car		nic Signature of Registered Agent g Trust Fund Contribution ().		Date	
		g Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTORS:	
	mpaign Financin	g Trust Fund Contribution (). TORS: Delete EL BLVD			
OFFICERS Title: Name: Address:	P () BRAVO, LEONI 640 FLAGAMI I MIAMI, FL 331	g Trust Fund Contribution (). TORS: Delete EL BLVD	ADDITIONS/CHANGI Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name:	P () BRAVO, LEONI 640 FLAGAMI I MIAMI, FL 331 VP () MORENO, PAU	TORS: Delete BLVD 44 Delete BLAM	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name:	ES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip: Title:	P () BRAVO, LEONI 640 FLAGAMI I MIAMI, FL 331	g Trust Fund Contribution (). TORS:) Delete EL BLVD 44) Delete PLA M BLVD	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title:	ES TO OFFICERS AND DIRECTORS:	

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: PAULA M MORENO VP 04/23/2007