

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111172

Entity Name: MERIQUEST MORTGAGE INC.

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

1041 ANDREWS ROAD
WEST PALM BEACH, FL 33461 US

Current Mailing Address:

1041 ANDREWS ROAD
WEST PALM BEACH, FL 33461 US

New Principal Place of Business:

10625 N. MILITARY TRAIL
SUITE 204
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

10625 N. MILITARY TRAIL
SUITE 204
PALM BEACH GARDENS, FL 33410 US

FEI Number: 20-5461311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECORGNE, STEPHEN M
2290 NORTH 10TH AVENUE
SUITE 306E
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

LECORGNE, STEPHEN M
10625 N. MILITARY TRAIL
SUITE 204
PALM BEACH GARDENS, FL 33410 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: STEPHEN M. LECORGNE

01/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LECORGNE, STEPHEN M
Address: 1041 ANDREWS ROAD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: SD (X) Delete
Name: LECORGNE, STEPHEN M
Address: 1041 ANDREWS ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: PTD () Delete
Name: OELBERMANN, BRIAN
Address: 1041 ANDREWS ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change () Addition
Name: LECORGNE, STEPHEN M
Address: 10625 N. MILITARY TRAIL, SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: OELBERMANN, BRIAN
Address: 10625 N. MILITARY TRAIL, SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410 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: BRIAN OELBERMANN

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date