2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116883

LIDEDTY MODEON OF COLUMNO INC

FILED May 28, 2008 Secretary of State

| Entity Name: LIBERTY MORTGAGE SOLUTIONS | INC |
|---|---|
| Current Principal Place of Business: | New Principal Place of Business: |
| 5560 TIMUQUANA RD #4 JACKSONVILLE. FL 32210 | |
| Current Mailing Address: | New Mailing Address: |
| 5560 TIMUQUANA RD #4 JACKSONVILLE, FL 32210 | |
| FEI Number: 16-1772141 FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| RUSSELL, MILDRED 3057 HAWKSMORE DR ORANGE PARK, FL 32065 US | |
| The above named entity submits this statement for th in the State of Florida. | e purpose of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registered A | Agent Date |
| In accordance with s. 607.193(2)(b), F.S., the corporation did Election Campaign Financing Trust Fund Contribution (). | I not receive the prior notice. |
| OFFICERS AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
| Title: P () Delete | Title: P (X) Change () Addition |

(X) Change () Addition RUSSELL, MILDRED RUSSELL, MILDRED Name: Name: 5560 TIMUQUANA RD #4 5560 TIMUQUANA RD #2 Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210 Title: () Delete Title: (X) Change () Addition RUSSELL. DWAYNE M SR RUSSELL. DWAYNE M SR Name: Name:

Address: 5560 TIMUQUANA RD #2 Address: 5560 TIMUQUANA RD #4 JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 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: MILDRED RUSSELL Ρ 05/28/2008