

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020254

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

**Entity Name:** MORTGAGE INTERNATIONAL SERVICES INC.

**Current Principal Place of Business:**

741 DELMONICO STREET NE  
PALM BAY, FL 32907

**New Principal Place of Business:**

4650 LIPSCOMB STREET NE  
29  
PALM BAY, FL 32905

**Current Mailing Address:**

P.O. BOX 100561  
PALM BAY, FL 32910

**New Mailing Address:**

**FEI Number:** 74-3205146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHENSON, NADIA A  
741 DELMONICO STREET NE  
PALM BAY, FL 32907 US

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

STEPHENSON, NADIA A  
4650 LIPSCOMB STREET NE  
29  
PALM BAY, FL 32905 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: NADIA A STEPHENSON

03/25/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEPHENSON, NADIA A  
Address: P.O. BOX 100561  
City-St-Zip: PALM BAY, FL 32910

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: NADIA A STEPHENSON

P

03/25/2008

Electronic Signature of Signing Officer or Director

Date