## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000094867

City-St-Zip:

Entity Name: DPG MORTGAGE SERVICES INC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:  11904 CAMDEN PARK DR WINDERMERE, FL 34786  Current Mailing Address:			New Prince	New Principal Place of Business:  3708 TOWN CENTER BLV SUITE C ORLANDO, FL 32837  New Mailing Address:		
			SUITE C			
			New Maili			
11904 CAMDEN PARK DR WINDERMERE, FL 34786			SUITE C	3708 TOWN CENTER BLV SUITE C ORLANDO, FL 32837		
FEI Number	: 26-3577516	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
	MONICA MDEN PARK [ MERE, FL 347					
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered A	gent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P ( DURAN, MONII 11904 CAMDE WINDERMERE	N PARK DR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( DEL PINO, NO 2126 BLACKM ORLANDO, FL	ANGROVE DR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	Name: GARCIA, MIGUEL Address: 12832 OULTON CIR		TON CIR			
Title: Name: Address:	(	) Delete	Title: Name: Address:	DEL PINO, N	( ) Change (X) Addition MARIO KMANGROVE DR	

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.

City-St-Zip:

ORLANDO, FL 32828

SIGNATURE: MONICA DURAN P 03/23/2009