

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102971

FILED  
May 02, 2009  
Secretary of State

Entity Name: MORTGAGE SOLUTION PROS, INC.

**Current Principal Place of Business:**

2616 W VINE STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2616 W VINE STREET  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 80-0317050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASBULL MANAGEMENT HOLDINGS INC.  
3956 TOWN CENTER BLVD.  
555  
ORLANDO, FL 32837 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BULLARD, KANDI  
Address: 3956 TOWN CENTER BLVD #555  
City-St-Zip: ORLANDO, FL 32837

Title: S (X) Delete  
Name: BULLARD, PATRICE  
Address: 3956 TOWN CENTER BLVD #555  
City-St-Zip: ORLANDO, FL 32837

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

Title: P (X) Change ( ) Addition  
Name: BULLARD, PATRICE  
Address: 3956 TOWN CENTER BLVD #555  
City-St-Zip: ORLANDO, FL 32837

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: PATRICE BULLARD

P

05/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date