



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000076634 1. Entity Name MORTGAGE SOLUTIONS OF CENTRAL FLORIDA, INC.						FILED 07 APR -5 AM 9:42 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3200 S HIWASSEE ROAD SUITE 205 ORLANDO, FL 32835 US				Mailing Address 3200 S HIWASSEE ROAD SUITE 205 ORLANDO, FL 32835 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04042007 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-3276246				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HALL, CYNTHIA J 5468 TILDENS GROVE BOULEVARD WINDERMERE, FL 34786				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST HALL, CYNTHIA J 5468 TILDENS GROVE BLVD WINDERMERE, FL 34786			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400096374284 04/10/07--01048--024 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALL, RUFUS 5468 TILDENS GROVE BLVD WINDERMERE, FL 34786			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, BRANDY N 5468 TILDENS GROVE BLVD WINDERMERE, FL 34786			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HULL, BRANDON S 5468 TILDENS GROVE BLVD WINDERMERE, FL 34786			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Cynthia J Hall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/3/07 <small>Date</small>			
				407-294-4707 <small>Daytime Phone #</small>			