


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P94000076634</b>																
1. Entity Name <b>MORTGAGE SOLUTIONS OF CENTRAL FLORIDA, INC.</b>																
Principal Place of Business <b>3200 S HIWASSEE ROAD SUITE 205 ORLANDO, FL 32835 US</b>	Mailing Address <b>3200 S HIWASSEE ROAD SUITE 205 ORLANDO, FL 32835 US</b>	  01072008 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number <b>59-3276246</b></td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>59-3276246</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>											
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<b>DO NOT WRITE IN THIS SPACE</b>																
6. Name and Address of Current Registered Agent  <b>HALL, CYNTHIA J 5486 TILDENS GROVE BOULEVARD WINDERMERE, FL 34786</b>		<b>DO NOT WRITE IN THIS SPACE</b>														
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>																
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>														
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PST HALL, CYNTHIA J 5468 TILDENS GROVE BLVD WINDERMERE, FL 34786</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  000000779607 01/11/08-80044-015 150.00
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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: *Cynthia J. Hall* **CYNTHIA J. HALL** 1/9/07 407-294-