2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091411

Entity Name: THE MORTGAGE CLINIC, INC.

FILED Mar 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

499 E. SHERIDAN STREET

SUITE 202

DANIA BEACH, FL 33004 US

New Mailing Address: Current Mailing Address:

499 E. SHERIDAN STREET SUITE 202

DANIA BEACH, FL 33004 US

FEI Number: 65-0545675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHLEHUBER, TIM I 499 E. SHERIDAN ST

SUITE 202

499 E. SHERIDAN ST SUITE 202 DANIA BEACH, FL 33004 US DANIA BEACH, FL 33004 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.

SCHLEHUBER, TIM I PRES

SIGNATURE: TIM I SCHLEHUBER 03/01/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCHLEHUBER, TIM I SCHLEHUBER, TIM I PRES Name: Name: 499 E. SHERIDAN ST SUITE 202 499 E. SHERIDAN ST SUITE 202 Address: Address: City-St-Zip: DANIA BEACH, FL 33004 US City-St-Zip: DANIA BEACH, FL 33004 US

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: TIM I SCHLEHUBER **PRES** 03/01/2008