

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000010850

1. Entity Name  
MORTGAGE WORKS UNLIMITED, INC.



Principal Place of Business  
2240 PALM BEACH LAKES BLVD.  
SUITE 400  
WEST PALM BEACH, FL 33409

Mailing Address  
2240 PALM BEACH LAKES BLVD.  
SUITE 400  
WEST PALM BEACH, FL 33409



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0559409

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MINNS, MYLES R  
2240 PALM BEACH LAKES BLVD.  
STE 400  
WEST PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

U00000922450  
05/15/08-80048-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME MINNS, MYLES R  
STREET ADDRESS 2240 PALM BEACH LAKES BLVD. #400  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE S  
NAME BALTRUS, DONALD T JR  
STREET ADDRESS 9112 ALTERNATE A1A 209  
CITY-ST-ZIP NORTH PALM BEACH, FL 33403

TITLE VP  
NAME MINNS, KATHY  
STREET ADDRESS 2240 PALM BEACH LAKES BLVD #400  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE VP  
NAME INMAN, SONDRRA  
STREET ADDRESS 2240 PALM BEACH LAKE BLVD #400  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE T  
NAME EARLE, JODI  
STREET ADDRESS 2240 PALM BEACH LAKES BLVD #400  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Myles Minns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08  
Date

561-689-4766  
Daytime Phone #