2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Entity Name
MORTGAGE DEVELOPMMENT & INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
143 TROPICANA DRIVE UNIT 1012 PUNTA GORDA, FL 33950	143 TROPICANA DRIVE UNIT 1012 PUNTA GORDA, FL 33950

02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
499 SHEPHERD HILLS RD	499 SHEPHERD HILLS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COOKEVILLE, TN	City & State: COOKEVILLE, TN
Zip: 38501 Country: USA	Zip: 38501 Country: USA

4. FEI Number: 65-0630464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, LINDA
143 TROPICANA DRIVE
UNIT 1012
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name: CAROLYN E. BELDEN
Street Address (P.O. Box Number is Not Acceptable): 10496 W HALLS RIVER ROAD
City: HOMOSASSA FL Zip Code: 34448

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: Carolyn E. Belden DATE: 3/1/2005
* 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PS STRICKLAND, LINDA 143 TROPICANA DRIVE UNIT 1012 PUNTA GORDA, FL 33950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS STRICKLAND LINDA 499 SHEPHERD HILLS ROAD COOKEVILLE, TN 38501 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAROLYN E BELDEN 10496 W HALLS RIVER ROAD HOMOSASSA, FL 34448 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda Strickland 3/1/2001 931-525-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #