

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037219

Entity Name: SIMPLE MORTGAGE SOLUTIONS, INC.

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

5449 CREEPING HAMMOCK DRIVE  
SARASOTA, FL 34233

## New Principal Place of Business:

## Current Mailing Address:

5773 BENEVA RD  
SARASOTA, FL 34233

## New Mailing Address:

5449 CREEPING HAMMOCK DRIVE  
SARASOTA, FL 34231

FEI Number: 65-0661897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PREWTT, DANIEL L  
5777 BENEVA ROAD SOUTH  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

ELSIE, CHOUINARD  
5753 BENEVA ROAD SOUTH  
SARASOTA, FL 34233 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.

SIGNATURE: ELSIE CHOUINARD

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: CLEARY, JOHN  
Address: 5449 CREEPING HAMMOCK DR  
City-St-Zip: SARASOTA, FL 34231

Title: SD ( ) Delete  
Name: PREWETT, DANIEL  
Address: 5777 BENEVA ROAD SOUTH  
City-St-Zip: SARASOTA, FL 34233

Title: D (X) Delete  
Name: CLEARY, NORENE  
Address: 5449 CREEPING HAMMOCK DRIVE  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: NORENE, CLEARY  
Address: 5449 CREEPING HAMMOCK DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN CLEARY

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date