2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 26, 2007 08:00 A Secretary of State DOCUMENT # P96000040423 1. Entity Name MARCO MORTGAGE SERVICES, INC. Principal Place of Business Mailing Address 847 N. COLLIER BLVD 847 N. COLLIER BLVD MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State FEI Numbor 65-0667771 Not Applicable Ζıp Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUFAULT, DAN Street Address (P.O. Box Number is Not Acceptable) 847 N COLLIER BLVD MARCO ISLAND FL 34145 City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when redistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Change mu ☐ Delete TITLE DUFAULT, DANIEL J NAMI NAME U00000732401 847 N COLLIER BLVD STREET ADDRESS STREET ADDRESS 05/09/07-80044-013 150.00 MARCO ISLAND FL CITY-ST-ZIP CHY-ST-ZIF ☐ Delete Change ☐ Addition TITLE 11111 NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7iP ☐ Delete ыш ☐ Change Addition ши NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1-7IP uni Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete HILE THE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-7IP Addition ☐ Change HILLE ☐ Delete THIE NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos, 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.

4/23/07