2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088391

FILED Apr 12, 2006 Secretary of State

Entity Name: MORTGAGE PROTECTION PLUS, INC. **Current Principal Place of Business: New Principal Place of Business:** 8870 N. HIMES SUITE 160 TAMPA, FL 33614 **New Mailing Address: Current Mailing Address:** 8870 N. HIMES SUITE 160 TAMPA, FL 33614 FEI Number: 59-3479073 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: SIEGEL, EDDIE SIEGEL, EDDIE 8870 N. HIMES # 160 8870 N. HIMES TAMPA, FL 33614 # 160 TAMPA, FL 33614 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: 04/12/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SIEGEL, EDWARD Name: Name: 8870 N. HIMES #160 Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: ROSEN, ROSE Name: 8870 N. HIMES # 160 Address: Address: TAMPA, FL 33614 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: EDDIE SIEGEL 0 04/12/2006