

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90034 045 ***150.00

DOCUMENT # P97000093860 1. Entity Name MORTGAGE ACCESS, INC.					
Principal Place of Business 2216 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 US			Mailing Address 2216 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 US		
2. Principal Place of Business - No P.O. Box # 7391 Water Dance Way		3. Mailing Address 7391 Water Dance Way			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lake Worth FL		City & State Lake Worth FL		4. FEI Number 65-0791234	
Zip 33467		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOVERN, JOSEPH 2216 N DIXIE HWY LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name Joseph McGovern Street Address (P.O. Box Number is Not Acceptable) 7391 Water Dance Way City Lake Worth FL Zip Code 33467			
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 Joseph McGovern President 4/30/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MCGOVERN, JOSEPH G 7391 WATER DANCE WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Joseph McGovern <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/07 561-301-6690 <small>Date Daytime Phone #</small>		