2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075933

WINTER PARK, FL 32792

Entity Name: MORTGAGE SUBSIDIARY, INC.

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1155 S SEMORAN BLVD 393 OLD ALEMANY PLACE

STE 1120 OVIEDO, FL 32765 WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

1155 S SEMORAN BLVD 393 OLD ALEMANY PLACE STE 1120 0VIEDO, FL 32765

FEI Number: 59-3531783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HISS, STEVEN F
C/O ENGINEERED HOMES OF ORLANDO IND
1155 S. SEMORAN BLVD, STE #1120
HISS, STEVEN F
C/O ENGINEERED HOMES OF ORLANDO IND
393 OLD ALEMANY PLACE

WINTER PARK, FL 32792 US OVIEDO, FL 32765 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: STEVEN HISS 03/17/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:ODOWD, STEVEN MName:ODOWD, STEVEN MAddress:1155 S SEMORAN BLVD, STE 1120Address:393 OLD ALEMANY PLACE

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: OVIEDO, FL 32765

Title: ST () Delete Title: ST (X) Change () Addition

Name: HISS, STEVEN F Name: HISS, STEVEN F

 Address:
 1155 S. SEMRON BLVD, STE 1120
 Address:
 393 OLD ALEMANY PLACE

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:
 OVIEDO, FL 32765

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: STEVEN HISS CFO 03/17/2009