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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000105631

1. Entity Name
MORTGAGE PAYMENT PROTECTION, INC.

FILED
07 MAY 14 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2957 SR 434 WEST STE 100 LONGWOOD, FL 32779	2957 SR 434 WEST STE 100 LONGWOOD, FL 32779

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1525 INTERNATIONAL PKWY	1525 INTERNATIONAL PKWY
Suite, Apt. #, etc. 3001	Suite, Apt. #, etc. 3001
City & State HEATHROW FL.	City & State HEATHROW FL.
Zip 32746 Country Seminole	Zip 32746 Country Seminole

4. FEI Number
59-3548115
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MODARRES, MARK M 5271 VISTA CLUB RUN LAKE FOREST, FL 32771	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	PSD MODARRES, MARK M 5271 VISTA CLUB RUN LAKE FOREST, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000103587950 05/21/07--01007--003 **350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KIRK SAUNDERS 1525 INTERNATIONAL PKWY HEATHROW FL. 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 5/22
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP TERI COOPER 1525 INTERNATIONAL PKWY HEATHROW FL. 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Mark S. Modarres 4-30-07 (407) 444-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #