

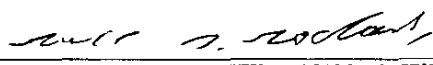


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

150

DOCUMENT # P98000105631 1. Entity Name MORTGAGE PAYMENT PROTECTION, INC.						<div style="text-align: right;"> MAR 1-1 2008 FILED 08 APR -1 AM 11:50 SECRETARY OF STATE  </div>	
Principal Place of Business 1525 INTERNATIONAL PKWY 3001 HEATHROW FL 32746				Mailing Address 1525 INTERNATIONAL PKWY 3001 HEATHROW FL 32746			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3548115				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MODARRES, MARK M 5271 VISTA CLUB RUN LAKE FOREST FL 32771				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 PSD <input type="checkbox"/> Delete NAME MODARRES, MARK M STREET ADDRESS 5271 VISTA CLUB RUN CITY-ST-ZIP LAKE FOREST FL 32771				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600122233476 STREET ADDRESS 04/04/08--01009--011 **577.50 CITY-ST-ZIP			
TITLE EV <input type="checkbox"/> Delete NAME SANDERS, KIRK STREET ADDRESS 1525 INTERNATIONAL PKWY CITY-ST-ZIP HEATHROW FL 32746				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE EV <input type="checkbox"/> Delete NAME COOPER, TERI STREET ADDRESS 1525 INTERNATIONAL PKWY CITY-ST-ZIP HEATHROW FL 32746				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				3-11-08 (407) 444-9990			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			