FOR PROFIT CORPORATION

SIGNATURE:

👯 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900030817 03 SEP 30 PM 2: 35 MONTGAGE APPROVAL GROUP, INC DO NOT WRITE IN THIS SPACE 900023920269 19/20/03--01001--002 **300.00 2. Principal Place of Business
1527 N. DALE MARRY HWY 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE SWITE 593568076 City & State City & State Applied For -UT2 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired usa Fee Required 7. Name and Address of Current Registered Agent Name SEAN W. DAVIJ DO NOT WRITE IN THIS SPACE 33015 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 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE TITLE TO DO M. PATON 18854 MAISON - DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other type empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



7590 NW 186th Street, Suite 207 Miami Lakes, FL 33015

Ph: 305,828,1484 Fax: 305,828,1486

September 29, 2003

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: Mortgage Approval Group, Inc

The Uniform Business Reports for the above referenced companies were not received in the mail resulting in the reports not being filed in a timely manner.

Please be advised that the correct address for all future correspondence is as follows:

1527 N Dale Mabry Highway, Ste 103 Lutz FL 33548

I am hereby requesting that the penalty be waived and am including the amount of \$300.00 (three hundred dollars) to bring the filings current.

Sincerely,

Sean W. Davis, CPA.

E-MAIL: accountingtax2003@yahoo.com