

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51067

FILED
Mar 07, 2008
Secretary of State

Entity Name: QUALIFIED MORTGAGE SERVICES, INC.

Current Principal Place of Business:

89 GENEVA DRIVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

89 GENEVA DRIVE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3133741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, JULIE
89 GENEVA DRIVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: GOLESTANI, ANNE
Address: 3931 E PARKSIDE LA
City-St-Zip: PHOENIX, AZ 85050 US

Title: VPDS () Delete
Name: GOLESTANI, FRED
Address: 3931 E PARKSIDE LA
City-St-Zip: PHOENIX, AZ 85050 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: GOLESTANI, ANNE
Address: 21330 NO 78TH ST
City-St-Zip: SCOTTSDALE, AZ 85255 US

Title: VPDS (X) Change () Addition
Name: GOLESTANI, FRED
Address: 21330 NO 78TH ST
City-St-Zip: SCOTTSDALE, AZ 85255 US

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: ANNE GOLESTANI

PRED

03/07/2008

Electronic Signature of Signing Officer or Director

Date