

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S51067

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** QUALIFIED MORTGAGE SERVICES, INC.

**Current Principal Place of Business:**

1205 CITY VIEW CENTER  
SUITE 1005  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

1205 CITY VIEW CENTER  
SUITE 1005  
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  
1205 CITY VIEW CENTER  
SUITE 1005  
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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GOLESTANI, ANNE E PRESIDE  
Address: 21330 NO 78TH ST  
City-St-Zip: SCOTTSDALE, AZ 85255 US

I hereby 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 all other like empowered.

SIGNATURE: ANNE GOLESTANI

PRES

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date