2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # S63841** 1. Entity Name MORTGAGE EXPERTS, INC. 04-24-2001 90054 049 ***150.00 Principal Place of Business Mailing Address &901-LAKE-WORTH-RD. 6801 LAKÉ WORTH RD. LAKE WORTH FL 33467 -LAKE-WORTH FL 33467 115 2. Principal Place of Business 3. Mailing Address 14 VELAIRE DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0273500 Not Applicable BOVNTON BEACH, FLORIDA BOVITON BEA \$8.75 Additional 5. Certificate of Status Desired Fee Required PHM BEACH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 6 PETTERUTO PETTERUTO, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) **6881 LAKE-WORTH RD** SUITE 114-14 VELAIRE DRIVE LAKE WORTH-FL 33467 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. Change ☐ Addition Delete TITLE TITLE PETTERUTO, WILLIAM C NAME NAME STREET ADDRESS 14 VELAIRE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH. FL 33426 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

HETTERNIO PRESIDENT Y/17/01 (581)

CITY-ST-ZIP