

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89117

FILED
Apr 07, 2004
Secretary of State

Entity Name: MORTGAGE NETWORK, INC.

Current Principal Place of Business:

4919 NW 106TH AVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

5629 NW 117TH AVE
CORAL SPRINGS, FL 330763617 US

Current Mailing Address:

4919 NW 106TH AVE
CORAL SPRINGS, FL 33076

New Mailing Address:

5629 NW 117TH AVE
CORAL SPRINGS, FL 330763617 US

FEI Number: 65-0292368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, CINDY
4919 NW 106TH AVE
CORAL SPRINGS, FL 33076

Name and Address of New Registered Agent:

LEVINE, CINDY
5629 NW 117TH AVE
CORAL SPRINGS, FL 330763617 US

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:

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LEVINE, CINDY
Address: 4919 NW 106TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPS () Delete
Name: LEVINE, SHIRLEY
Address: 4919 NW 106TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: LEVINE, CINDY
Address: 5629 NW 117TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPS (X) Change () Addition
Name: LEVINE, SHIRLEY
Address: 5629 NW 117TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CINDY LEVINE

PRES

04/07/2004

Electronic Signature of Signing Officer or Director

Date