

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002679

FILED
Feb 11, 2008
Secretary of State

Entity Name: MAG MORTGAGE CORPORATION

Current Principal Place of Business:

357 NORTH AVENUE
WAKEFIELD, MA 01880

New Principal Place of Business:

203 TURNPIKE STREET
SUITE 402
NORTH ANDOVER, MA 01845

Current Mailing Address:

357 NORTH AVENUE
WAKEFIELD, MA 01880

New Mailing Address:

203 TURNPIKE STREET
SUITE 402
NORTH ANDOVER, MA 01845

FEI Number: 20-4539740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOETZ, JANET
1225 NW 21ST STREET BLDG 3212
STUART, FL 34994 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: DPS () Delete
Name: GOETZ, CHAD
Address: 7 PRIMROSE LANE
City-St-Zip: SALEM, NH 03079

Title: T () Delete
Name: GOETZ, SANDRA A
Address: 7 PRIMROSE LANE
City-St-Zip: SALEM, NH 03079

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHAD E GOETZ

DPS

02/11/2008

Electronic Signature of Signing Officer or Director

_____ Date