


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90028 031 ***150.00

DOCUMENT # F96000006362
 1. Entity Name
 MORTGAGE LENDERS NETWORK USA, INC.



Principal Place of Business Mailing Address
 213 COURT STREET 213 COURT STREET
 11TH FLOOR 11TH FLOOR
 MIDDLETOWN, CT 06457 US MIDDLETOWN, CT 06457 US

94031488

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02202004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 06-1467394 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BLANTON, EDWIN F ESQ
 825 THOMASVILLE RD
 TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS HEFFERNAN, MITCHELL L <input type="checkbox"/> Delete 95 COVE RD LYME, CT 06371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERGE, RANDAL S <input type="checkbox"/> Delete 27 REGENCY CT BRISTOL, CT 06010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLEARCEK, STEVEN F <input type="checkbox"/> Delete 16 OLDE FARMS RD ELLINGTON, CT 060259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V PEDRICK, JAMES E <input type="checkbox"/> Delete 7 JOSHUA LANE LYME, CT 06371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS Heffernan, Mitchell L. <input type="checkbox"/> Change <input type="checkbox"/> Addition 2c North Slob St. Croix, US VI 00820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Roberge, Randal S. <input type="checkbox"/> Change <input type="checkbox"/> Addition 30 Summerberry Circle Bristol, CT 06010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR vp/Secretary/Corporate Counsel 8 March 2004 (810) 704-6235
Date Daytime Phone #