2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006377

Entity Name: SUN MORTGAGE ADVISORS, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5200 TOWN CENTER CIRCLE 5200 TOWN CENTER CIRCLE SUITE 600 STE 600 BOCA RATON, FL 33486 BOCA RATON, FL 33486 **Current Mailing Address: New Mailing Address:** 5200 TOWN CENTER CIRCLE 5200 TOWN CENTER CIRCLE SUIT 600 STE 600 BOCA RATON, FL 33486 BOCA RATON, FL 33486 FEI Number: 52-2201670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VSD () Delete Title: (X) Change () Addition KROUSE, RODGER Name: Name: HAJDUCH, MARK VPASEC 5200 TOWN CENTER CIRCLE, SUITE 600 5200 TOWN CENTER CIRCLE, STE 600 Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: BOCA RATON, FL 33486 PTD Title: Title: () Delete (X) Change () Addition LEDER, MARC Name: Name: LEDER, MARC J DIR 5200 TOWN CENTER CIRCLE, SUITE 600 5200 TOWN CENTER CIRCLE, STE 600 Address: Address: BOCA RATON, FL 33486 BOCA RATON, FL 33486 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: CALHOUN, KEVIN KROUSE, RODGER R DIR Name: Name: 5200 TOWN CENTER CIRCLE, STE 600 5200 TOWN CENTER CIRCLE, SUITE 600 Address: Address: BOCA RATON, FL 33486 City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: **VPAS** (X) Delete Title: () Change () Addition COUCH, C.DERYL Name: Name: Address: 5200 TOWN CENTER CIRCLE, SUITE 600 Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: **VPAS** (X) Delete Title: () Change () Addition MCCONVERY, MICHAEL J Name: Name: 5200 TOWN CENTER CIRCLE, SUITE 600 Address: Address: City-St-Zip: BOCA RATON, FL 33486 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: LAURA LOUIS POA 04/20/2009