2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005768

FILED Apr 26, 2007 Secretary of State

Entity Name: AMERIQUEST MORTGAGE INSURANCE SERVICES CORPORATION

Current Principal Place of Business:				New Principal Place of Business:				
505 CITY PARKWAY ORANGE, CA 92868				505 CITY PARKWAY 3RD FLOOR ORANGE, CA 92868				
Current Mailing Address:				New Mailing Address:				
505 CITY PARKWAY WEST 3RD FLOOR ORANGE, CA 92868				1100 TOWN & COUNTRY ROAD 12TH FLOOR ORANGE, CA 92868				
FEI Number: 95-3918076 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()					
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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:								
Electronic Signature of Registered Agent					Date			
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	JOHNSON, JANE	WAY WEST, 3RD FLOOR		Title: Name: Address: City-St-Zip:	JOHNSON, JA	COUNTRY ROAD, SU	ITE 1100	
Title: Name: Address: City-St-Zip:	ORTA, YVONNE	Delete NAY WEST, 3RD FLOOR 2868		Title: Name: Address: City-St-Zip:	ORTA, YVONN	COUNTRY ROAD, SU	ITE 1100	
Title: Name: Address: City-St-Zip:	BASS, ADAM J	Delete OUNTRY ROAD, SUITE 1100 2868		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	DILLINGHAM, DI	OUNTRY RD #450		Title: Name: Address: City-St-Zip:	DILLINGHAM,	COUNTRY ROAD, SU	ITE 1100	
Title: Name: Address: City-St-Zip:	CHRISTENSEN,	OUNTRY RD SUITE 1100		Title: Name: Address: City-St-Zip:	CHRISTENSE	COUNTRY ROAD, SU	ITE 1100	
Title: Name: Address: City-St-Zip:	TIBEREND, DIAM	OUNTRY RD SUITE 1100		Title: Name: Address: City-St-Zip:	() Change ()Addition		
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: DIANE E TIBEREND

AS

04/26/2007