

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006608

FILED
Jan 13, 2009
Secretary of State

Entity Name: PRISMA MORTGAGE CORPORATION, INC.

Current Principal Place of Business:

55 CARTER DRIVE
SUITE 209
EDISON, NJ 088172066

New Principal Place of Business:

Current Mailing Address:

55 CARTER DRIVE SUITE 209
EDISON, NJ 088172066

New Mailing Address:

55 CARTER DRIVE
SUITE 209
EDISON, NJ 088172066

FEI Number: 22-3447259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, EDID
8411 LAGOS DE CAMPO BLVD U-101
TAMARAC, FL 33321 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: P () Delete
Name: MACHADO, CARLOS A
Address: 5 RED BARN LANE
City-St-Zip: FLEMINGTON, NJ 08822

Title: S () Delete
Name: MACHADO, SANDRA J
Address: 5 RED BARN LANE
City-St-Zip: FLEMINGTON, NJ 08822

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: CARLOS A. MACHADO

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date