

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001645

FILED
Jul 03, 2008
Secretary of State

Entity Name: US PREFERRED MORTGAGE, INC.

Current Principal Place of Business:

2200 N. ARAZONA AVE, PLAZA 8
CHANDLER, AZ 85225

New Principal Place of Business:

2200 N. ARIZONA AVE, PLAZA 8
CHANDLER, AZ 85225

Current Mailing Address:

2200 N. ARAZONA AVE, PLAZA 8
CHANDLER, AZ 85225

New Mailing Address:

2200 N. ARIZONA AVE, PLAZA 8
CHANDLER, AZ 85225

FEI Number: 86-1022113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: WEIGHT, ERIC
Address: 1255 WEST BASELINE ROAD, SUITE 288
City-St-Zip: MESA, AZ 85202

Title: SD () Delete
Name: POWERS, TINA
Address: 1255 WEST BASELINE ROAD, SUITE 288
City-St-Zip: MESA, AZ 85202

Title: VD () Delete
Name: MCMASTER, DAVID
Address: 1255 WEST BASELINE ROAD, SUITE 288
City-St-Zip: MESA, AZ 85202

Title: P (X) Delete
Name: POWERS, SCOTT
Address: 1255 WEST BASELINE ROAD, STE. 288
City-St-Zip: MESA, AZ 85202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: POWERS, TINA L
Address: 2200 N. ARIZONA AVE., PLZ. 8
City-St-Zip: CHANDLER, AZ 85225 US

Title: VD (X) Change () Addition
Name: MCMASTER, DAVID
Address: 2200 N. ARIZONA AVE., PLZ. 8
City-St-Zip: CHANDLER, AZ 85225 IS

Title: P (X) Change () Addition
Name: POWERS, SCOTT
Address: 2200 N. ARIZONA AVE., PLZ. 8
City-St-Zip: CHANDLER, AZ 85225

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: DAVID MCMASTER

VP

07/03/2008

Electronic Signature of Signing Officer or Director

Date