2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002615

Entity Name: AHMSI REAL ESTATE MANAGEMENT, INC

FILED Apr 13, 2009 Secretary of State

	7 (11110		- N-C-141, 1140.				
Current Principal Place of Business:				New Principal Place of Business:			
4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063				4600 REGENT BLVD., SUITE 200 IRVING, TX 75063 US			
Current Mailing Address:				New Mailing Address:			
4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063				4600 REGENT BLVD., SUITE 200 IRVING, TX 75063 US			
FEI Number:	33-1215957	FEI Number Applied For	·() FEI Num	ber Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PLANTATION The above	TH PINE IS ON, FL 333 named enti	LAND ROAD 324 US	or the purpose of	changing it	s registere	d office or registered agent, or	both,
in the State	of Florida.						
SIGNATUR							
	Elect	ronic Signature of Registe	red Agent			Date	
Election Can	npaign Finan	cing Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:		() Delete DAVID M CEO NT BOULEVARD, SUITE 200 75063		Title: Name: Address: City-St-Zip:	S CHARLES 6501 IRVINE IRVINE, CA	(X) Change () Addition E CENTER DR. IRVINE CA 92618 92618 US	
Title: Name: Address: City-St-Zip:	VPD LOVE, ROB 4600 REGE IRVING, TX	NT BOULEVARD, SUITE 200		Title: Name: Address: City-St-Zip:	P FRIEDMAN, 4600 REGE IRVING, TX	NT BLVD STE 200	
Title: Name: Address: City-St-Zip:	VP LARKIN, JA 4600 REGE IRVING, TX	NT BOULEVARD, SUITE 200		Title: Name: Address: City-St-Zip:	S DORCHUCK 4600 REGE IRVING, TX	NT BLVD., SUITE 200	
Title: Name: Address: City-St-Zip:		() Delete (, JORDAN D NT BOULEVARD, SUITE 200 75063		Title: Name: Address: City-St-Zip:	T PINO, CRAI 4600 REGE IRVING, TX	NT BLVD., SUITE 200	
Title:	VP	(X) Delete		Title:		() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES CAMPBELL S 04/13/2009

POPA, ALYSON KAE

IRVINE, CA 92618

6501 IRVINE CENTER DRIVE

Name:

Address:

City-St-Zip: