



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90031 050 ***150.00

DOCUMENT # F94000004204 1. Entity Name AMERIQUEST MORTGAGE COMPANY					
Principal Place of Business 1100 TOWN AND COUNTRY ROAD SUITE 1100 ORANGE, CA 92868 US			Mailing Address 1100 TOWN AND COUNTRY ROAD 12TH FLOOR ORANGE, CA 92868 US		
2. Principal Place of Business - No P.O. Box # 1100 Town & Country Rd Suite, Apt. #, etc. Ste 1200		3. Mailing Address 1100 Town & Country Rd Suite, Apt. #, etc. Ste 1200			
City & State Orange CA		City & State Orange CA		03212008 Chg-P CR2E034 (12/06)	
Zip Country 92868 USA		Zip Country 92868 USA		4. FEI Number 33-0621598	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCC MOREFIELD, KEVIN 1100 TOWN AND COUNTRY ROAD, SUITE 1100 ORANGE, CA 92868 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael O. Gibson Jr / Pres 1100 Town & Country Rd Ste 1200 Orange CA 92868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MITAL, ASEEM 1100 TOWN AND COUNTRY ROAD, SUITE 1100 ORANGE, CA 92868 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sanford Deutsch / Dir 1100 Town & Country Rd Ste 1200 Orange CA 92868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHRISTENSEN, KAREN 1100 TOWN & COUNTRY ROAD, SUITE 1100 ORANGE, CA 92868 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stacy Madigan / CFO 1100 Town & Country Rd Ste 1200 Orange CA 92868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TIBEREND, DIANE E 1100 TOWN & COUNTRY ROAD, SUITE 1100 ORANGE, CA 92868 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Del Dillingham / Secretary 1100 Town & Country Rd Ste 1200 Orange CA 92868 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD BASS, ADAM J 1100 TOWN & COUNTRY ROAD, SUITE 1100 ORANGE, CA 92868 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adam J. Bass / Dir 1100 Town & Country Rd Ste 1200 Orange CA 92868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOARDMAN, DALLAS O 1100 TOWN & COUNTRY ROAD, SUITE 1100 ORANGE, CA 92868 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			_____ Date Daytime Phone #		