2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F95000003915

Entity Name: AMERICANS FOR FINANCIAL SECURITY, INC.

Current Principal Place of Business:

130 E JOHN CARPENTER FREEWAY
IRVING, TX 75062 US

New Principal Place of Business:

Current Mailing Address:

130 E JOHN CARPENTER FREEWAY
IRVING, TX 75062 US

New Mailing Address:

FEI Number: 52-1780278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PASQUALE, MARIO J
Address: 25443 S. SPRINGCREEK RD
City-St-Zip: SUNLAKES, AZ

Title: PTSD ( ) Delete
Name: COFFELT, DONALD W
Address: 1701 HERMANN DRIVE #1301
City-St-Zip: HOUSTON, TX 77004

Title: VP ( ) Delete
Name: GRANDA, ART
Address: 208 SCHOOL ROAD
City-St-Zip: GREER, SC 29652

Title: AS ( ) Delete
Name: WOLFE, RALPH
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH WOLFE AS 03/19/2009

Electronic Signature of Signing Officer or Director — Date