2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07927

FILED Apr 15, 2009 Secretary of State

Entity Name: FIRST ATLANTIC MORTGAGE CORPORATION

Current Principal Place of Business: New Principal Place of Business: 2646 SW MAPP ROAD 20211 SW 49TH COURT SUITES 301 & 302 SOUTHWEST RANCHES, FL 333321074 US PALM CITY, FL 34990 US **New Mailing Address: Current Mailing Address:** PO BOX 820255 SOUTH FLORIDA, FL 330820255 US FEI Number: 59-2420714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAO, MATILDE M 20211 SW 49TH COURT SOUTHWEST RANCHES, FL 333321074 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CDP () Delete Title: (X) Change () Addition BERG, ROBERT J Name: BERG, ROBERT J

Name: 1614 SW SAINT ANDREWS DR 1614 SW SAINT ANDREWS DR Address: Address: PALM CITY, FL 34990 US City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: DV (X) Change () Addition Title: () Delete Name: TRENEER, JUDITH A Name: CHAO, MATILDE M 26589 BOULDER CREST COURT 20211 SW 49TH COURT Address: Address: SOUTHWEST RANCHES, FL 333321074 US SOUTH BEND, IN 46628 City-St-Zip: City-St-Zip: (X) Change () Addition Title: DV () Delete Title: CHAO, MATILDE M CHAO, MARIA DEL CARM Name: Name: 20211 SW 49TH COURT 3262 WEST 78TH STREET Address: Address: SOUTHWEST RANCHES, FL 33332 City-St-Zip: HIALEAH, FL 33018 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

CARRIER, LINDA Name: Name: Address: 1678 SW 31ST TERRACE Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

CHAO, MARIA DEL CARM Name: Name: 3262 WEST 78TH STREET Address: Address: City-St-Zip: HIALEAH, FL 33018 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

LARMON, KRISSY L Name: Name: 4395 SW APPLESEED ROAD Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 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: MATILDE M. CHAO DV 04/15/2009