2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# H54286

Entity Name: CONTEMPORARY MORTGAGE SERVICES, INC.

Current Principal Place of Business:

498 PALM SPRINGS DRIVE
#220
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

498 PALM SPRINGS DRIVE
#220
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-2528169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ICANDI, JEFFREY A
2180 W. STATE ROAD 434
#6190
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ICANDI, JEFFREY A
549 WYMORE ROAD
#109
MAITLAND, FL 32751 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: 01/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: HOWLAND, HOWARD H.,, III
Address: 1650 CARLTON STREET
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete
Name: GRUBER, RENETTA
Address: 481 BENTLEY STREET
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete
Name: BOWERS, KELLY
Address: 818 LAKE MARION DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HOWLAND, HOWARD H
Address: 1650 CARLTON STREET
City-St-Zip: LONGWOOD, FL 32750

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

SIGNATURE: HOWARD HOWLAND PRES 01/14/2009
Electronic Signature of Signing Officer or Director — Date