2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N06000008451

Entity Name: FLORIDA ASSOCIATION OF MORTGAGE BROKERS- TREASURE COAST CHAPTER,INC.

Current Principal Place of Business:

2061 PALM BAY RD NE
SUITE 9B
PALM BAY, FL 32905

New Principal Place of Business:

2061 PALM BAY RD NE
SUITE 201
PALM BAY, FL 32905

Current Mailing Address:

PO BOX 121383
WEST MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 20-5518025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GROSVENOR, MELISSA A
1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: NYE, MATTHEW D
Address: 2061 PALM BAY RD NE SUITE 9B
City-St-Zip: PALM BAY, FL 32905

Title: DVP ( ) Delete
Name: VITALE, PERRY
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DT ( ) Delete
Name: HOLLAND, TAMATHA
Address: 2061 PALM BAY RD NE SUITE 7B
City-St-Zip: PALM BAY, FL 32905

Title: DP (X) Delete
Name: DALESSIO, RENEE
Address: 1680 SW BAYSHORE BLVD SUITE 116
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: DS (X) Delete
Name: BRAY, BEVERLY
Address: 100 SW ALBANY AVE SUITE 300
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NYE, MATTHEW D
Address: PO BOX 121383
City-St-Zip: WEST MELBOURNE, FL 32912

Title: DVP (X) Change ( ) Addition
Name: VITALE, PERRY
Address: PO BOX 7043
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: DT (X) Change ( ) Addition
Name: DANESI, JAMES
Address: PO BOX 7043
City-St-Zip: PORT ST. LUCIE, FL 34985

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: MATTHEW D NYE DP 05/01/2008

Electronic Signature of Signing Officer or Director — Date