

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 10, 2007
Secretary of State

DOCUMENT# N22024

Entity Name: FLORIDA ASSOCIATION OF MORTGAGE BROKERS - BROWARD CHAPTER, INC.**Current Principal Place of Business:**2860 W STATE ROAD 84
SUITE 103
FORT LAUDERDALE, FL 33312**New Principal Place of Business:**1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301**Current Mailing Address:**2860 W STATE ROAD 84
SUITE 103
FORT LAUDERDALE, FL 33312**New Mailing Address:**1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301**FEI Number:** 65-0137875**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KEATING, ROBERT
2911 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308 US**Name and Address of New Registered Agent:**GROSVENOR, MELISSA A
1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 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: MELISSA A GROSVENOR

05/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOERR, MARGA E
Address: 9745 SUNSET DR #225
City-St-Zip: MIAMI, FL 33173 US

Title: D () Delete
Name: KEEN, RICHARD A
Address: 1218 N PINE HILLS RD
City-St-Zip: ORLANDO, FL 32808 US

Title: V () Delete
Name: MULLIGAN, TINA
Address: 11158 NW 19 STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: V () Delete
Name: NANCY, SANDOVAL
Address: 1897 NW 128 TC.
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: S () Delete
Name: WILNER, LIZ
Address: 4100 NE 2 AVE, STE 206
City-St-Zip: MIAMI, FL 33137 US

Title: T () Delete
Name: ELLINGSWORTH, SUSAN
Address: 4100 NE 2 AVE, STE 206
City-St-Zip: MIAMI, FL 33137

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
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City-St-Zip:

Title: () Change () Addition
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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: MELISSA A GROSVENOR

D

05/10/2007

Electronic Signature of Signing Officer or Director

Date