2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 25, 2009
Secretary of State

DOCUMENT# P00000031958

Entity Name: VALUE FINANCIAL MORTGAGE SERVICES, INC.

Current Principal Place of Business:

660 NW 116TH STREET
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

15921 SW 14TH STREET
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-0999033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKE, NELSON
15921 SW 14TH STREET
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

NCAS LLC
15921 SW 14TH STREET
PEMBROKE PINES, FL 33027 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: N LOCKE 09/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: KLUCK, LINDA C
Address: 801 NE 76TH ST
City-St-Zip: MIAMI, FL 33138

Title: DCT (X) Delete
Name: LOCKE, NELSON A
Address: 15921 SW 14TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DP ( ) Delete
Name: KLUCK, CHARLES
Address: 9701 NE 5TH AVE
City-St-Zip: MIAMI SHORES, FL 33138

Title: DCOO ( ) Delete
Name: GORDON, JON
Address: 2179 NE 179TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

SIGNATURE: J GORDON DCOO 09/25/2009
Electronic Signature of Signing Officer or Director Date