

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111160

Entity Name: DISTINCTIVE MORTGAGE, INC.

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

1464 S. PALM AVENUE  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

16742 SW 36 COURT  
MIRAMAR, FL 33027

## Current Mailing Address:

1464 S. PALM AVENUE  
PEMBROKE PINES, FL 33025

## New Mailing Address:

16742 SW 36 COURT  
MIRAMAR, FL 33027

FEI Number: 65-1063566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRAUS, ARNOLD M JR, ESQ  
10081 PINES BLVD SUITE C  
PEMBROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: GRANT, ARCHIBALD  
Address: 1464 S PALM AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: GRANT, ARCHIBALD  
Address: 633 COUNTRY GROVE LANE  
City-St-Zip: AUBURN, GA 30011

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: ARCHIBALD GRANT

PSD

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date