2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034633

Entity Name: A-D MORTGAGE LOAN SPECIALIST, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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20020 VETERANS BLVD.

UNIT 14

PORT CHARLOTTE, FL 33954

6365 53RD STREET NORTH
PINELLAS PARK, FL 33781

Current Mailing Address: New Mailing Address:

20020 VETERANS BLVD. 6365 53RD STREET NORTH UNIT 14 PINELLAS PARK, FL 33781 PORT CHARLOTTE, FL 33954

FEI Number: 65-1094553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, DEBRA L
20020 VETERANS BLVD.
UNIT 14
PORT CHARLOTTE, FL 33954 US

SECOR, DUSTIN PRES
6365 53RD STREET NORTH
PINELLAS PARK, FL 33781 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: DUSTIN SECOR 03/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

Name: BROWN, DEBRA L Name: SECOR, DUSTIN

Address: 20020 VETERANS BLVD., UNIT 14 Address: 6365 53RD STREET NORTH City-St-Zip: PORT CHARLOTTE, FL 33954 City-St-Zip: PINELLAS PARK, FL 33781

Title: VP (X) Delete Title: () Change () Addition

 Name:
 SUMMERALL, ARMON C
 Name:

 Address:
 20020 VETERANS BLVD, UNIT 14
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33954
 City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition

 Name:
 SUMMERALL, JANICE
 Name:

 Address:
 20020 VETERANS BLVD., UNIT 14
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33954
 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: DUSTIN SECOR PRES 03/23/2009