

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000092042

FILED
Jul 14, 2009
Secretary of State**Entity Name:** ALLSTATE MORTGAGE LOANS & INVESTMENTS, INC.**Current Principal Place of Business:**809 NE 25TH AVE
OCALA, FL 34470**New Principal Place of Business:**809 NE 25TH AVE
SUITE 2
OCALA, FL 34470**Current Mailing Address:**809 NE 25TH AVE
OCALA, FL 34470**New Mailing Address:**809 NE 25TH AVE
SUITE 2
OCALA, FL 34470**FEI Number:** 03-0479422**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TABACCHI, MATTHEW
809 NE 25TH AVE
OCALA, FL 34470 US**Name and Address of New Registered Agent:**TABACCHI, MATTHEW
809 NE 25TH AVE, STE 2
OCALA, FL 34470 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:

Electronic Signature of Registered Agent

07/14/2009

Date**OFFICERS AND DIRECTORS:****Title:** O () Delete
Name: TABACCHI, MATTHEW
Address: 809 NE 25TH AVE
City-St-Zip: OCALA, FL 34470**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** O (X) Change () Addition
Name: TABACCHI, MATTHEW
Address: 809 NE 25TH AVE, STE 2
City-St-Zip: OCALA, FL 34470

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: MATTHEW TABACCHI

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07/14/2009

Electronic Signature of Signing Officer or Director_____
Date