2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P03000029127

Entity Name: LOYAL LENDING MORTGAGE CORPORATION

Current Principal Place of Business:

1000 PONCE DE LEON BLVD.
SUITE 124
CORAL GABLES, FL 33134

New Principal Place of Business:

1000 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134

Current Mailing Address:

1000 PONCE DE LEON BLVD.
SUITE 124
CORAL GABLES, FL 33134

New Mailing Address:

1000 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134

FEI Number: 03-0513205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERMUDEZ, KARLA D
1000 PONCE DE LEON BLVD.
SUITE 124
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BERMUDEZ, KARLA D
1000 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134 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: KARLA BERMUDEZ 06/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BERMUDEZ, KARLA D
Address: 1000 PONCE DE LEON BLVD., #124
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BERMUDEZ, KARLA D
Address: 1000 PONCE DE LEON BLVD., #330
City-St-Zip: CORAL GABLES, FL 33134

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: KARLA BERMUDEZ PD 06/16/2009
Electronic Signature of Signing Officer or Director Date