2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012311

FILED Apr 16, 2009 Secretary of State

Entity Name: EXPERT MORTGAGE PROCESSING, INC. **Current Principal Place of Business: New Principal Place of Business:** MASARYKTOWN, FL 34604 **Current Mailing Address: New Mailing Address:** PO BOX 9307 MASARYKTOWN, FL 34604 FEI Number: 20-0619365 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: SPIEGEL & UTRERA, P.A. LAROSE, TARA S 1840 SW 22ND ST. 1056 META ROAD 4TH FLOOR MASARYKTOWN, FL 34604 US MIAMI, FL 33145 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: TARA S LAROSE 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LAROSE, TARA S Name: Name: 1056 META RD Address: Address: City-St-Zip: MASARYKTOWN, FL 34604 City-St-Zip: Title: VTD Title: () Change () Addition () Delete Name: LAROSE, JAMES E JR Name: 1056 META RD Address: Address: MASARYKTOWN, FL 34604 City-St-Zip: 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: TARA S LAROSE PS 04/16/2009