

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084372

Entity Name: BISON MORTGAGE CORP.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

350 CAMINO GARDENS BLVD.
SUITE 102
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

350 CAMINO GARDENS BLVD.
SUITE 102
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 20-1173468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARSCH, MICHAEL
350 CAMINO GARDENS BLVD.
SUITE 102
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MOREYRA, ROBERT
102 W WHITING ST
SUITE 600
TAMPA, FL 33602 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: ROBERT MOREYRA

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRYANT, JOSEPH P
Address: 9763 SAWGRASS DRIVE E
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CFO (X) Delete
Name: KRUEGER, ANTHONY
Address: 9763 SAWGRASS DRIVE E
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: COLLINS, PETER H
Address: 350 CAMINO GARDENS BLVD., SUITE 102
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: MOREYRA, ROBERT
Address: 102 W. WHITING STREET
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLLINS, PETER H
Address: 102 W WHITING ST STE 600
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: MOREYRA, ROBERT
Address: 102 W. WHITING STREET STE 600
City-St-Zip: TAMPA, FL 33602

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: ROBERT MOREYRA

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date