## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000040421

Entity Name: CFS MORTGAGES INC.

FILED Jul 10, 2009 Secretary of State

	rincipai Piace	of Business:	New Principal	Place of Business:
899 ARUB PALM BAY	BA AVE Y, FL 32909			
Current M	lailing Addres	ss:	New Mailing A	ddress:
	E HILL AVE MA 02126			
FEI Number	: 04-3223556	FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Add	ress of New Registered Agent:
899 ARÚB PALM BA\ The above	Y, FL 32909  named entity:	US	purpose of changing its reg	gistered office or registered agent, or both,
in the State	e of Florida.			
SIGNATUI				
	Flectror			
	Licotioi	nic Signature of Registered Ac	gent	Date
	ce with s. 607.19	3(2)(b), F.S., the corporation did r		Date
Election Car	ce with s. 607.19	3(2)(b), F.S., the corporation did r g Trust Fund Contribution().	not receive the prior notice.	
Election Car OFFICERS Title: Name: Address:	nce with s. 607.19 mpaign Financin S AND DIREC	3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ). TORS: ) Delete ARD C SR. OAD	not receive the prior notice.	
Election Car OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	properties of the properties o	3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ). TORS:  ) Delete ARD C SR. OAD 02126  ) Delete ERYL  2K AVE #A6	ADDITIONS/CH Title: Name: Address:	HANGES TO OFFICERS AND DIRECTOR
Election Car	properties of the properties o	3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ). TORS:  ) Delete ARD C SR. OAD 02126  ) Delete ERYL 2K AVE #A6 MA 02131  ) Delete RTON, ERIKA J 2K AVE #A6	ADDITIONS/CH  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: D Name: QUA Address: 11 M	HANGES TO OFFICERS AND DIRECTOR:

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: CHERYL OVERTON VP 07/10/2009