

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000062140

**FILED**  
**Aug 24, 2007**  
**Secretary of State**

**Entity Name:** ASSURED MORTGAGES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

540 E HORATIO AVE  
STE 200  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

540 E HORATIO AVE  
STE 200  
MAITLAND, FL 32751 US

**New Mailing Address:**

**FEI Number:** 20-2826588      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOUDREAUX, KEVIN  
540 E HORATIO AVE  
STE 200  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: ZINNO, JASON J  
Address: 540 E HORATIO, STE 100  
City-St-Zip: MAITLAND, FL 32708 US

Title: VP (X) Delete  
Name: BOUDREAUZ, KEVIN  
Address: 336 PRICETON ST, UNIT B  
City-St-Zip: ORLANDO, FL 32804 US

Title: VP (X) Delete  
Name: DEHOOP, BRENT  
Address: 400 AVILA CT  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: BOUDREAUX, KEVIN  
Address: 540 E HORATIO, STE 200  
City-St-Zip: MAITLAND, FL 32708 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KEVIN BOUDREAUX

PST

08/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date