

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000151912

FILED
Apr 13, 2009
Secretary of State**Entity Name:** NATIONWIDE MORTGAGE & ASSOCIATES, INC.**Current Principal Place of Business:**2740 E. OAKLAND PARK BLVD
302
FORT LAUDERDALE, FL 33306 US**New Principal Place of Business:****Current Mailing Address:**2740 E. OAKLAND PARK BLVD
302
FORT LAUDERDALE, FL 33306 US**New Mailing Address:****FEI Number:** 20-3795802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONES, JANE
2740 E. OAKLAND PARK BLVD
302
FORT LAUDERDALE, FL 33306 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:** VP () Delete
Name: ISSELMANN, ROSALINDA
Address: 4734 GOULD CIRCLE
City-St-Zip: CASTLE ROCK, CO 80109 US**Title:** P () Delete
Name: OLINICK, SCOTT
Address: 2960 PADDOCK ROAD
City-St-Zip: WESTON, FL 33331**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP (X) Change () Addition
Name: PARKER, JOSEPH H VP
Address: 7636 SOUTHAMPTON TER
City-St-Zip: FT LAUDERDALE, FL 33332 US**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: SCOTT OLINICK

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date