2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043954

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: BREAKTHROUGH MORTGAGE & FINANCIAL SERVICES, INC

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 603 EAST ATLANTIC BLVD 615 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** 603 EAST ATLANTIC BLVD 615 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 FEI Number: 57-1232780 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: CAMERLON, GLADYS J CAMERLON, GLADYS J 603 EAST ATLANTIC BLVD 615 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060 US US POMPANO BEACH, FL 33060 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: GLADYS CAMERON 04/08/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CAMERON, GLADYS CAMERON, GLADYS Name: Name: 603 EAST ATLANTIC BLVD. 615 EAST ATLANTIC BLVD. Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060 VSTD Title: **VSTD** (X) Change () Addition Title: () Delete Name: CAMERON, WILLIE Name: CAMERON, WILLIE 603 EAST ATLANTIC BLVD. 615 EAST ATLANTIC BLVD. Address: Address: POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete JOHNSON, CARISSA C JOHNSON, CARISSA C Name: Name: 603 EAST ATLANTIC BLVD 615 EAST ATLANTIC BLVD Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060 Title: () Delete Title: () Change (X) Addition JOHNSON, DARCY Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

615 EAST ATLANTIC BLVD

615 EAST ATLANTIC BLVD

POMPANO BEACH, FL 33060

CAMERON, FELICIA

POMPANO BEACH, FL 33060

() Change (X) Addition

SIGNATURE: GLADYS CAMERON P 04/08/2009

() Delete