

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155765

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: FLOOD MAP REVISION SERVICES INC.

## Current Principal Place of Business:

9470 TANGERINE PLACE  
201  
DAVIE, FL 33324

## New Principal Place of Business:

394 CITY VIEW DR  
FORT LAUDERDALE, FL 33311

## Current Mailing Address:

9470 TANGERINE PLACE  
201  
DAVIE, FL 33324

## New Mailing Address:

394 CITY VIEW DR  
FORT LAUDERDALE, FL 33311

FEI Number: 20-8309394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORITZ, DARLENE  
9470 TANGERINE PLACE  
201  
DAVIE, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORTIZ, DARLENE F  
Address: 9470 TANGERINE PLACE # 201  
City-St-Zip: DAVIE, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: ORTIZ, DANIEL  
Address: 9470 TANGERINE PLACE #201  
City-St-Zip: DAVIE, FL 33324

Title: T ( ) Change (X) Addition  
Name: MATHIS, DOUG  
Address: 394 CITY VIEW DR  
City-St-Zip: FORT LAUDERDALE, FL 33311

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: DARLENE F. ORTIZ

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date