2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002925

Address:

City-St-Zip:

426 SW JEANNE AVE

PORT SAINT LUCIE, FL 34953 US

Entity Name: 1ST CHOICE LOAN PROCESSING INC

FILED Mar 20, 2009 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place | New Principal Place of Business: | |
|---|--|------------------|-------------------------------|---|--|--|
| | EANNE AVE NT LUCIE, FL | 34953 | US | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| | EANNE AVE NT LUCIE, FL | 34953 | US | | | |
| FEI Number | : 20-8171731 | FEI Nur | nber Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address o | Name and Address of New Registered Agent: | |
| PORT SAI | EANNE AVE NT LUCIE, FL | | US his statement for the r | ourpose of changing its registere | d office or registered agent, or both, | |
| | e of Florida. | 00000000 | o otatoment for the p | an poor of onemging no regions of | | |
| SIGNATU | RE: | | | | | |
| | Electron | nic Signat | ure of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fu | nd Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P/D (PISANO, LARIS 426 SW JEANI PORT SAINT L | NE AVE | 34953 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S/D (PISANO, MICH |) Delete IAEL | | Title: Name: | () Change () Addition | |

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: LARISA PISANO P/D 03/20/2009