

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087246

FILED
May 04, 2009
Secretary of State

Entity Name: OMQUEST COMMERCIAL FUNDING, INC.

Current Principal Place of Business:

924 MEADOWS AVENUE
WELLINGTON, FL 33414

New Principal Place of Business:

346 CHAMBORD TERRACE
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

924 MEADOWS AVENUE
WELLINGTON, FL 33414

New Mailing Address:

346 CHAMBORD TERRACE
PALM BEACH GARDENS, FL 33410

FEI Number: 26-0655103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DONNELL, CINDY
924 MEADOWS AVENUE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

LEE, JOZETTE
346 CHAMBORD TERRACE
PALM BEACH GARDENS, FL 33410 US

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: JOZETTE LEE

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'DONNELL, CINDY
Address: 924 MEADOWS AVENUE
City-St-Zip: WELLINGTON, FL 33414

Title: VPD () Delete
Name: LEE, JOZETTE
Address: 924 MEADOWS AVENUE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: LEE, JOZETTE
Address: 924 MEADOWS AVENUE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEE, JOZETTE
Address: 346 CHAMBORD TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD (X) Change () Addition
Name: LEE, JOZETTE
Address: 346 CHAMBORD TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD (X) Change () Addition
Name: LEE, JOZETTE
Address: 346 CHAMBORD TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: JOZETTE LEE

PD

05/04/2009

Electronic Signature of Signing Officer or Director

Date