2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087689

FILED Aug 04, 2009 Secretary of State

Entity Name: CC	MMERCIAL MORTGAGE BROKE	RS, INC.		
Current Principal	Place of Business:	New Principal Plac	e of Business:	
145 MYSTIC LANE JUPITER, FL 334				
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
145 MYSTIC LANE JUPITER, FL 334				
FEI Number: 80-0266	833 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Addres	ss of Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
BOYD, MICHAEL 145 MYSTIC LANE JUPITER, FL 334				
The above named in the State of Flor		e purpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				
E	Electronic Signature of Registered A	Agent	Date	
	. 607.193(2)(b), F.S., the corporation did inancing Trust Fund Contribution().	not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address: 145 MY	() Delete KIMBERLY 'STIC 'R, FL 33458 US	Title: PRES Name: BOYD, KI Address: 145 MYS [*] City-St-Zip: JUPITER,		
Title: D	() Delete	Title: VD	(V) Change () Addition	

Title: D () Delete Title: VP (X) Change () Addition Name: BOYD, KIMBERLY Name: BOYD, AUNDREA

 Name:
 BOYD, KIMBERLY
 Name:
 BOYD, AUNDRE/

 Address:
 145 MYSTIC
 Address:
 145 MYSTIC

City-St-Zip: JUPITER, FL 33458 US City-St-Zip: JUPITER, FL 33458 US

Title: () Delete Title: SECR () Change (X) Addition

 Name:
 Name:
 BOYD, MICHAEL

 Address:
 Address:
 145 MYSTIC LANE

 City-St-Zip:
 City-St-Zip:
 JUPITER, FL 33458 US

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: KIMBERLY BOYD PRES 08/04/2009