2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000097964

Entity Name: AMERICAS LOSS MITIGATION SOLUTIONS CORP

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2564 CHAPALA DRIVE
KISSIMMEE, FL 34746 US
3509 BEAU CHENE DRIVE
KISSIMMEE, FL 34759 US

Current Mailing Address: New Mailing Address:

843 CYPRESS PARKWAY

KISSIMMEE, FL 34759 US

FEI Number: 01-0918332 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:

VAZQUEZ, ROBERT
2564 CHAPALA DRIVE
KISSIMMEE, FL 34746 US

VAZQUEZ, ROBERT
3509 BEAU CHENE DRIVE
KISSIMMEE, FL 34759 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: ROBERT VAZQUEZ 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 VAZQUEZ, ROBERT
 Name:
 VAZQUEZ, ROBERT

 Address:
 2564 CHAPALA DRIVE
 Address:
 3509 BEAU CHENE DRIVE

 City-St-Zip:
 KISSIMMEE, FL 34746 US
 City-St-Zip:
 KISSIMMEE, FL 34759 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: ROBERT VAZQUEZ CEO 04/30/2009