2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024351

Name:

Address:

City-St-Zip:

Entity Name: FIRST TRUST MORTGAGE CORPORATION

FILED Jan 22, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
6555 N.W. 9TH AVE. SUITE 311 FT. LAUDERDALE, FL 33309				2933 W. CYPRESS CREEK RD SUITE 201 FT. LAUDERDALE, FL 33309		
Current Mailing Address:				New Mailing Address:		
6555 N.W. 9TH AVE. SUITE 311 FT. LAUDERDALE, FL 33309				2933 W. CYPRESS CREEK RD SUITE 201 FT. LAUDERDALE, FL 33309		
FEI Number	: 65-0646279	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and	l Address of C	Current Registered Agent:		Name and	Address of	New Registered Agent:
ROBINSON, ALLEN J 6555 N.W. 9TH AVE. SUITE 311 FT. LAUDERDALE, FL 33309 US The above named entity submits this statement for the purpose of				ROBINSON, ALLEN J 2933 W. CYPRESS CREEK RD. SUITE 201 FT. LAUDERDALE, FL 33309 US		
	e of Florida.	submits this statement for the pr	ui pose oi	changing it	s registered	office of registered agent, or both,
SIGNATURE:				01/22/2008		
		nic Signature of Registered Age g Trust Fund Contribution (). TORS:	nt	ADDITION	S/CHANGES	Date S TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:) Delete LEN J JT TERR		Title: Name: Address: City-St-Zip:) Change()Addition
Title: Name: Address: City-St-Zip:	VSD (BROOKS, JAM 19514 BLACK BOCA RATON,	OLIVE LN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	VD (HARRIS, CHA 1599 SW 5 AV BOCA RATON	/E
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	COLLIER, HA	N DR. # 1506
Title:	() Delete		Title:	VD () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

ALPERT, SCOTT M

6486 N W 72 PL PARKLAND, FL 33067

SIGNATURE: JAMES A. BROOKS EVP 01/22/2008