

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008375

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** ASSOCIATED MORTGAGE INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

1600 SOUTH DIXIE HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1600 SOUTH DIXIE HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 65-0722321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANE, ROBERT PDT  
1600 SOUTH DIXIE HIGHWAY  
SUITE300  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: SHANE, ROBERT  
Address: 1600 SOUTH DIXIE HIGHWAY, SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

Title: DVST ( ) Delete  
Name: SHANE, RONALD  
Address: 1600 SOUTH DIXIE HIGHWAY, SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

Title: DVP ( ) Delete  
Name: SHANE, RENEE  
Address: 1600 SOUTH DIXIE HIGHWAY, SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: RONALD SHANE

DVST

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date