

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004963

Entity Name: ASSURANCE HOME LOAN, INC.

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

1829 S HARBOR CITY BLVD  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

459 NIKOMAS WAY  
MELBOURNE BEACH, FL 32951

## New Mailing Address:

1829 S. HARBOR CITY BLVD.  
MELBOURNE, FL 32901

FEI Number: 65-0815585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SORGENFREI, DEANA A  
459 NIKOMAS WAY  
MELBOURNE BEACH, FL 32951 US

## Name and Address of New Registered Agent:

SORGENFREI, DEANA A  
4560 S. HWY A1A  
MELBOURNE BEACH, FL 32951 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:

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: SORGENFREI, JOHN R  
Address: 459 NIKOMAS WAY  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VSD ( ) Delete  
Name: SORGENFREI, DEANA A  
Address: 459 NIKOMAS WAY  
City-St-Zip: MELBOURNE BEACH, FL 32951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: SORGENFREI, JOHN R  
Address: 4560 S. HIGHWAY A1A  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VSD (X) Change ( ) Addition  
Name: SORGENFREI, DEANA A  
Address: 4560 S. HWY A1A  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: JOHN R. SORGENFREI

PTD

04/23/2008

Electronic Signature of Signing Officer or Director

Date