2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32879

Entity Name: PREFERRED HOME MORTGAGE COMPANY

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1410 N WESTSHORE BLVD 700						
TAMPA, FL 33607						
Current Mailing Address:				New Mailing Address:		
4000 HOLLYWOOD BLVD 500N HOLLYWOOD, FL 33021			4000 HOLLYWOOD BLVD 400N HOLLYWOOD, FL 33021			
FEI Number: 65-0325930 FEI Number Applied For ()			FEI Num	Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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:						
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DVPT () Delete KOTLER, RANDY 4000 HOLLYWOOD BLVD, STE 500 N HOLLYWOOD, FL 33021			Title: Name: Address: City-St-Zip:	P (X) Change () Addition GLASS, MICHAEL 4000 HOLLYWOOD BLVD, STE 400 N HOLLYWOOD, FL 33021	
Title: Name: Address: City-St-Zip:	DEVENDORF, RU	DD BLVD, STE 500 N		Title: Name: Address: City-St-Zip:	MCADEN, TOMA	OOD BLVD, STE 400 N
Title: Name: Address: City-St-Zip:	P () C STRAWSER, PET 1410 N WESTSH TAMPA, FL 3360	ORE BLVD, #700		Title: Name: Address: City-St-Zip:	VALDES, ANGÉI	OOD BLVD., STE 400 N
Title: Name: Address: City-St-Zip:	DEVP () D BERKOWITZ, PA 4000 HOLLYWOO HOLLYWOOD, FI	UL DD BLVD STE 500N		Title: Name: Address: City-St-Zip:	BERKOWITZ, PA	OOD BLVD STE 500N
Title: Name: Address: City-St-Zip:	WAGMAN, STEP	DD BLVD., SUITE 500N		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VALDES, ANGIE	Delete DD BLVD., SUITE 500N L 33021		Title: Name: Address: City-St-Zip:	()	Change () 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.

SIGNATURE: PAUL BERKOWITZ EVP 04/08/2009