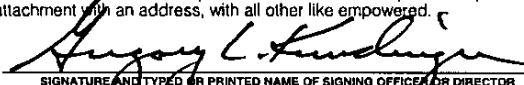


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90032 029 ***550.00

DOCUMENT # F01000002767 1. Entity Name HOMEFIRST FINANCIAL SERVICES CORP.					
Principal Place of Business 207 SOUTH ALFRED STREET ALEXANDRIA, VA 22314			Mailing Address 207 SOUTH ALFRED STREET ALEXANDRIA, VA 22314		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1660873	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KUNDINGER, GREGORY L 207 SOUTH ALFRED STREET ALEXANDRIA, VA 22314 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CLIFFORD, JULES 207 SOUTH ALFRED STREET ALEXANDRIA, VA 22314 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUNDINGER, LARI A 2714 LORCOM LANE ARLINGTON, VA 22207 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 207 SOUTH ALFRED STREET ALEXANDRIA, VA 22314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHER, MARTIN R 207 SOUTH ALFRED STREET ALEXANDRIA, VA 22314 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  GREGORY L KUNDERINGER 6/29/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50054972



06292005 Chg-P CR2E034 (10/03)

FL

Zip Code

(703) 549-3400