


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F05000000224</b>	
1. Entity Name CITIZENS HOME LOAN INC.	

Principal Place of Business 7239 PINEVILLE MATTHEWS ROAD, SUITE 100 CHARLOTTE, NC 28226	Mailing Address 7239 PINEVILLE MATTHEWS ROAD, SUITE 100 CHARLOTTE, NC 28226
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**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1435790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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.

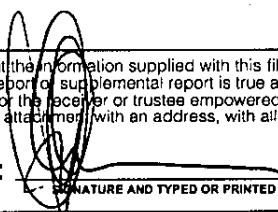
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000778502 01/09/08-80026-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LAWRENCE, YANIQUE 7239 PINEVILLE MATTHEWS ROAD, SUITE 100 CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SUTHERLAND, PATRICK 7239 PINEVILLE MATTHEWS ROAD, SUITE 100 CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JONES, MICHAEL 7239 PINEVILLE MATTHEWS ROAD, SUITE 100 CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  \_\_\_\_\_

Date: 1/4/08 Daytime Phone #: 704-542-5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR