

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # F06000004542	
1. Entity Name PRIMARY HOME LENDERS, INC.	
Principal Place of Business 8230 BOONE BLVD #201 VIENNA, VA 22182	Mailing Address 8230 BOONE BLVD #201 VIENNA, VA 22182



05232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2182499	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR. STE 4
WESTON, FL 33331

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AYOUBI, NADIA
STREET ADDRESS	8230 BOONE BLVD #201
CITY - ST - ZIP	VIENNA, VA 22182
TITLE	P
NAME	AHLUWALIA, PUNEET
STREET ADDRESS	8230 BOONE BLVD #201
CITY - ST - ZIP	VIENNA, VA 22182
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000785553
06/01/07-80011-020 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-07 703-645-9008