2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006097

Entity Name: DHI MORTGAGE COMPANY GP, INC.

FILED Apr 04, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
12554 RIATA VISTA CIRCLE FIRST FLOOR AUSTIN, TX 78727				301 COMMERCE ST., SUITE 500 FORT WORTH, TX 76102		
Current Mailing Address:				New Mailing Address:		
1901 ASCENSION BLVD., STE. 100 ARLINGTON, TX 76006				301 COMMERCE ST., SUITE 500 FORT WORTH, TX 76102		
FEI Number:	74-2853238	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable()	Certificate of Status Desired ()
Name and	Address of C	Surrent Registered Agent:		Name and	Address of	New Registered Agent:
1200 SOU PLANTATI The above	PORATION SYSTH PINE ISLATON, FL 33324 named entity set of Florida.	ND ROAD US	urpose o	of changing i	ts registered (office or registered agent, or both,
SIGNATUF	RE:					
		ic Signature of Registered Ager	nt			Date
Election Car	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	WINTER, MARK	RACE PARKWAY C150		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PERISON, STE	ON BLVD STE 100		Title: Name: Address: City-St-Zip:	PERISON, STI	CE ST., SUITE 500
Title: Name: Address: City-St-Zip:	PRESENT, RAN	ENTER PKWY., STE. 110		Title: Name: Address: City-St-Zip:	PRESENT, RA	TRACE PARKWAY C150
Title: Name: Address: City-St-Zip:	WHEAT, BILL V	ON BLVD STE 100		Title: Name: Address: City-St-Zip:	WHEAT, BILL	CE ST., SUITE 500
Title: Name: Address: City-St-Zip:	LUECHAUER, S	ENTER PKWY., STE. 110		Title: Name: Address: City-St-Zip:	LUECHAUER,	TRACE PARKWAY C150
Title: Name: Address: City-St-Zip:	DWYER, STAC	ON BLVD STE 100		Title: Name: Address: City-St-Zip:	DWYER, STA	CE ST., SUITE 500

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHAN P. PERISON D 04/04/2005