

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063878

FILED
Apr 27, 2006
Secretary of State

Entity Name: BAYVIEW HOME MORTGAGE CORP.

Current Principal Place of Business:

41264 US HWY 19 NORTH
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

41264 US HWY 19 NORTH
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3728940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, GARY W
311 S MISSOURI AVE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PIPES, DOUGLAS M
Address: 3074 HILLSIDE LANE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: D () Delete
Name: MILLS, BUELL B
Address: 435 MEADOW LARK LANE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SD () Delete
Name: PIPES, ALLYSON A
Address: 3074 HILLSIDE LANE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP () Delete
Name: RICHARDS, SANDRA G
Address: 1915 SEAGULL DRIVE
City-St-Zip: CLEARWATER, FL 33764 US

Title: DVP () Delete
Name: MILLS, INA E
Address: 435 MEADOW LARK DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS M. PIPES

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date