


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 670576 1. Entity Name NATIONWIDE HOME EQUITY CORPORATION						<div style="text-align: center;"> FILED 05 JUN 28 PM 2:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 321 MARSH LAKES DR FERNANDINA BEACH, FL 32034				Mailing Address 321 MARSH LAKES DR FERNANDINA BEACH, FL 32034 US			
2. Principal Place of Business 401 FAIRWAY DR Suite, Apt. #, etc. # 300				3. Mailing Address 401 FAIRWAY DR ^H Suite, Apt. #, etc. # 300			
City & State DEERFIELD BEACH, FL				City & State DEERFIELD BEACH, FL			
Zip 33441		Country US		Zip 33441		Country US	
6. Name and Address of Current Registered Agent PARROTT, EDWIN C 321 MARSH LAKES DR FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name FRAVEL BRYANT Street Address (P.O. Box Number is Not Acceptable) 401 FAIRWAY DR, SUITE 300 City DEERFIELD BEACH FL Zip Code 33441			
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 <u><i>B. D. Buwalda</i></u> 6/20/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input checked="" type="checkbox"/> Delete PARROTT, EDWIN C PRES 321 MARSH LAKES DR FERNANDINA BEACH, FL 32034			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRAVEL, BRYANT 401 FAIRWAY DR, #300 DEERFIELD BEACH, FL 33441		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SRAMOWICZ, STEVEN 401 FAIRWAY DR #300 DEERFIELD BEACH, FL 33441		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000057097380 07/06/05--01065--002 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *B. D. Buwalda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.20.05 **380.490.3217**
Date Daytime Phone #