

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003435

FILED
Apr 21, 2006
Secretary of State

Entity Name: HOMEBRIDGE MORTGAGE BANKERS CORP.

Current Principal Place of Business:

60 OAK DRIVE
SYOSSET, NY 11791

New Principal Place of Business:

Current Mailing Address:

60 OAK DRIVE
SYOSSET, NY 11791

New Mailing Address:

FEI Number: 11-3082077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FLA
1013 LUCERNE AVENUE
SUITE 201
LAKE WORTH, FL 33460 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: D () Delete
Name: BRATSAFOLIS, MICHELLE S DIRECTO
Address: 440 WEST END AVE., #4B
City-St-Zip: NEW YORK, NY 10024

Title: C () Delete
Name: BRATSAFOLIS, NICHOLAS A CHAIRMA
Address: 440 WEST END AVE., #4B
City-St-Zip: NEW YORK, NY 10024

Title: D () Delete
Name: FELDSTEIN, SHARON DIRECTO
Address: 29 JUNEAU BLVD
City-St-Zip: WOODBURY, NY 11797

Title: O () Delete
Name: PANKIN, DAVID I PRESIDE
Address: 60 OAK DRIVE
City-St-Zip: SYOSSET, NY 11791

Title: O () Delete
Name: LEVINE, PAUL A V.P.
Address: 60 OAK DRIVE
City-St-Zip: SYOSSET, NY 11791

Title: O () Delete
Name: MCBRIEN, FRANK TREASUR
Address: 60 OAK DRIVE
City-St-Zip: SYOSSET, NY 11791

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
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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: DAVID I. PANKIN

PRES

04/21/2006

Electronic Signature of Signing Officer or Director

Date