


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90002 035 \*\*\*150.00

<b>DOCUMENT # F02000003435</b>	
1. Entity Name <b>HOMEBRIDGE MORTGAGE BANKERS CORP.</b>	

Principal Place of Business <b>60 OAK DRIVE SYOSSET, NY 11791</b>	Mailing Address <b>60 OAK DRIVE SYOSSET, NY 11791</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01112007 Chg-P CR2E034 (12/06)

4. FEI Number <b>11-3082077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>COMPLIANCE CONSULTING CORPORATION OF FLA 1013 LUCERNE AVENUE SUITE 201 LAKE WORTH, FL 33460</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BRATSAFOLIS, MICHELLE S DIRECTO 440 WEST END AVE., #4B NEW YORK, NY 10024 <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	C BRATSAFOLIS, NICHOLAS A CHAIRMA 440 WEST END AVE., #4B NEW YORK, NY 10024 <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	D FELDSTEIN, SHARON DIRECTO 29 JUNEAU BLVD WOODBURY, NY 11797 <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	O PANKIN, DAVID I PRESIDE 60 OAK DRIVE SYOSSET, NY 11791 <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	O LEVINE, PAUL A. V.P. 60 OAK DRIVE SYOSSET, NY 11791 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Chief Operating Officer/Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	O MCBRIEN, FRANK TREASUR 60 OAK DRIVE SYOSSET, NY 11791 <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 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: Paul A. Levine, COO 3-7-07 516-998-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paul A. Levine, COO