2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 31, 2005
Secretary of State

DOCUMENT# F03000000702

Entity Name: ALLIANCE HOME LOANS, INC.

Current Principal Place of Business:

120 QUINTON COURT STE 101
LEXINGTON, KY 40509

New Principal Place of Business:

1939 GOLDSMITH LANE
LOUISVILLE, KY 40218

Current Mailing Address:

120 QUINTON COURT STE 101
LEXINGTON, KY 40509

New Mailing Address:

8767 ASHWORTH DRIVE
TAMPA, FL 33647

FEI Number: 61-1387989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODYKOONTZ, GEORGE
150 MANDALAY ROAD
FT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

GOODYKOONTZ, ROBERT
8767 ASHWORTH DRIVE
TAMPA, FL 33647 US

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: ROBERT GOODYKOONTZ 08/31/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: GOODYKOONTZ, GEORGE B
Address: 150 MANDALAY ROAD
City-St-Zip: FT MYERS BEACH, FL 33931

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: GOODYKOONTZ, ROBERT H
Address: 8767 ASHWORTH DRIVE
City-St-Zip: TAMPA, FL 33647

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: ROBERT GOODYKOONTZ VP 08/31/2005
Electronic Signature of Signing Officer or Director Date