

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90184 006 ***158.75

DOCUMENT # F04000001597 1. Entity Name HOMESTAR MORTGAGE GROUP, INC.			
Principal Place of Business 325 WEST AARON DRIVE STATE COLLEGE, PA 16803		Mailing Address 325 WEST AARON DRIVE STATE COLLEGE, PA 16803	
2. Principal Place of Business 270 Walker Drive Suite, Apt. #, etc. Suite 108A City & State State College PA Zip 16801 Country USA	3. Mailing Address 270 Walker Drive Suite, Apt. #, etc. Suite 108A City & State State College PA Zip 16801 Country USA	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">14000095</div>	
4. FEI Number 20-0402478		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04222005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FLORIDA COMPLIANCE SPECIALISTS INC. 2331 HANSEN PLACE TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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 WISE, DARLA D 82 W. GREENRIDGE ROAD LOCK HAVEN, PA 17745	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARE, EDWARD K III 108 PICADILLY ROAD PORT MATILDA, PA 16870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICSON, THOMAS 320 MEADOWLARK LANE BOALSBURG, PA 16829	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNICHOL, ROBERT E 425 WINDMERE DRIVE STATE COLLEGE, PA 16801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARE, ERIC 339 MCBETH STREET STATE COLLEGE, PA 16803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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:	
SIGNATURE AND CIRCLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/22/05 Daytime Phone # (814) 238-0544	