

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006802

FILED
Jan 17, 2006
Secretary of State

Entity Name: MAXWELL'S HOME MORTGAGE INC.

Current Principal Place of Business:

1319 CRANSTON STREET
CRANSTON, RI 02920

New Principal Place of Business:

Current Mailing Address:

1319 CRANSTON STREET
CRANSTON, RI 02920

New Mailing Address:

FEI Number: 05-0487052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PT () Delete
Name: DESIMONE KUZOIAN, LINDA
Address: 1319 CRANSTON STREET
City-St-Zip: CRANSTON, RI 02920

Title: VS () Delete
Name: KUZOIAN, ROBERT
Address: 1319 CRANSTON STREET
City-St-Zip: CRANSTON, RI 02920

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

Title: () Delete
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City-St-Zip:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: GESUALDI, JEAN A
Address: 1319 CRANSTON STREET
City-St-Zip: CRANSTON, RI 02920

Title: VP (X) Change () Addition
Name: DESIMONE, JAMES G
Address: 1319 CRANSTON STREET
City-St-Zip: CRANSTON, RI 02920

Title: TREA () Change (X) Addition
Name: GESUALDI, JEAN A
Address: 1319 CRANSTON ST
City-St-Zip: CRANSTON, RI 02920

Title: SECR () Change (X) Addition
Name: DESIMONE, JAMES G
Address: 1319 CRANSTON ST
City-St-Zip: CRANSTON, RI 02920

Title: DIRE () Change (X) Addition
Name: DESIMONE-KUZOIAN, LINDA
Address: 1319 CRANSTON ST
City-St-Zip: CRANSTON, RI 02920

Title: DIRE () Change (X) Addition
Name: KUZOIAN, ROBERT
Address: 1319 CRANSTON ST
City-St-Zip: CRANSTON, RI 02920

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: JEAN A. GESUALDI

PRES

01/17/2006

Electronic Signature of Signing Officer or Director

_____ Date