

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006802

FILED
Jan 11, 2007
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 ()

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: GESUALDI, JEAN A
Address: 1319 CRANSTON STREET
City-St-Zip: CRANSTON, RI 02920

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

Title: TREAS () Delete
Name: GESUALDI, JEAN A
Address: 1319 CRANSTON ST
City-St-Zip: CRANSTON, RI 02920

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

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

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

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
Name:
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: JEAN GESUALDI

PT

01/11/2007

Electronic Signature of Signing Officer or Director

Date