

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001162

FILED
Jul 17, 2006
Secretary of State

Entity Name: NEW HORIZONS MORTGAGE FINANCIAL CORP.

Current Principal Place of Business:

6500 ROCKSIDE ROAD, #180
INDEPENDENCE, OH 44131

New Principal Place of Business:

Current Mailing Address:

6500 ROCKSIDE ROAD, #180
INDEPENDENCE, OH 44131

New Mailing Address:

FEI Number: 34-1848249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FL
521 LAKE AVENUE, SUITE 4
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FL
1013 LUCERNE AVE.
SUITE 201
LAKE WORTH, FL 33460 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: RONALD LOVELL

07/17/2006

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: P () Delete
Name: GNALL, PAUL
Address: 6243 LOGAN DRIVE
City-St-Zip: SEVEN HILLS, OH 44131

Title: V () Delete
Name: GNALL, AVICE
Address: 6243 LOGAN DRIVE
City-St-Zip: SEVEN HILLS, OH 44131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GNALL, PAUL
Address: 6243 LOGAN DRIVE
City-St-Zip: SEVEN HILLS, OH 44131

Title: V.P. (X) Change () Addition
Name: GNALL, AVICE
Address: 6243 LOGAN DRIVE
City-St-Zip: SEVEN HILLS, OH 44131

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: AVICE GNALL

V.P.

07/17/2006

Electronic Signature of Signing Officer or Director

Date