2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003261

Entity Name: STATEWIDE HOME MORTGAGE, INC.

FILED May 09, 2006 Secretary of State

200 N. WASHINGTON STREET TIFFIN, OH 44883		New Principal Place of	New Principal Place of Business:	
		ONE VICTORIA SQUARE, SUITE #275 PAINESVILLE, OH 44077		
Current Mailing Address:		New Mailing Address:		
200 N. WASHINGTON STREET TIFFIN, OH 44883		ONE VICTORIA SQUARE, SUITE #275 PAINESVILLE, OH 44077		
FEI Number: 34-1844271	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
LICENSE AND COMPLIA 245 GRAY STREET WEST PALM BEACH, F	ANCE RESOURCE, LLC L 33405 US			
The above named entity in the State of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change () Addition JACKSON, ROBERT S JACKSON, ROBERT S Name: Name: 200 N WASHINGTON STREET Address: ONE VICTORIA SQUARE, SUITE #275 Address: City-St-Zip: TIFFIN, OH 44883 City-St-Zip: PAINESVILLE, OH 44077 Title: (X) Delete Title: () Change () Addition JACKSON, ALTA FAYE Name: Name: Address: 200 N WASHINGTON STREET Address: TIFFIN, OH 44883 City-St-Zip: City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition Name: SILER, TAMMY L Name:

 Name:
 SILER, IAMIMY L
 Name:

 Address:
 200 N WASHINGTON STREET
 Address:

 City-St-Zip:
 TIFFIN, OH 44883
 City-St-Zip:

Electronic Signature of Registered Agent

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: ROBERT S. JACKSON PCD 05/09/2006