Apr 27,
Secr

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004813

1. Entity Name
HOMEFRONT MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
17772 IRVINE BLVD., STE. 211 TUSTIN, CA 92780	17772 IRVINE BLVD., STE. 211 TUSTIN, CA 92780

DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0770884
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	FRY, CARL
STREET ADDRESS	17772 IRVINE BLVD., STE. 211
CITY-ST-ZIP	TUSTIN, CA 92780
TITLE	SD
NAME	HANSSLER, SCOTT
STREET ADDRESS	17772 IRVINE BLVD., STE. 211
CITY-ST-ZIP	TUSTIN, CA 92780
TITLE	D
NAME	FRY, THOMAS
STREET ADDRESS	17772 IRVINE BLVD., STE. 211
CITY-ST-ZIP	TUSTIN, CA 92780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80011-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/25/06 714-832-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #