2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT #F05000004997** 04-24-2006 90386 028 ***150.00 1. Entity Name CONTINENTAL HOME FUNDING INC. Principal Place of Business Mailing Address 40057097 290 BROADHOLLOW ROAD STE 201 290 BROADHOLLOW ROAD STE 201 MELVILLE, NY 11747 MELVILLE, NY 11747 2. Principal Place of Business 3. Mailing Address Same Same Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 2009604 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Same CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME . MCHUGH, MICHAEL NAME STREET ADDRESS 105 MIDDLESEX AVENUE STREET ADDRESS CITY-ST-ZIP OAKDALE, NY 11769 CITY-ST-ZIP TITLE VÇVP ☐ Delete TITI F **XX**Change ☐ Addition NAME MONTS, THOMAS NAME MONTE, THOMAS **8 MILLIE LANE EAST** STREET ADDRESS STREET ADDRESS 8 Millie Lane E, Setauket, NY 11733 CITY-ST-ZIP SETAUKET, NY 11733 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE SILVA, BRUCE NAME NAME 11 BRANCH DRIVE STREET ADDRESS STREET ADDRESS SMITHTOWN, NY 11787 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE XXAddition NAME NAME WALLACE, Michael J., Jr. STREET ADDRESS STREET ADDRESS 4 Castle Harbor Rd. Huntington Bay, N CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-71P CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITI F NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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, of on an atlactment with an address with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael McHugh, President 4/16/06 (631) 549-8188 x11

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