

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004997

FILED
Mar 14, 2008
Secretary of State

Entity Name: CONTINENTAL HOME FUNDING INC.

Current Principal Place of Business:

290 BROADHOLLOW ROAD STE 201
MELVILLE, NY 11747

New Principal Place of Business:

175 PINELAWN ROAD
SUITE 400
MELVILLE, NY 11747

Current Mailing Address:

290 BROADHOLLOW ROAD STE 201
MELVILLE, NY 11747

New Mailing Address:

175 PINELAWN ROAD
SUITE 400
MELVILLE, NY 11747

FEI Number: 20-0960457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CP () Delete
Name: MCHUGH, MICHAEL
Address: 105 MIDDLESEX AVENUE
City-St-Zip: OAKDALE, NY 11769

Title: VCVP () Delete
Name: MONTE, THOMAS
Address: 8 MILLIE LANE EAST
City-St-Zip: SETAUKET, NY 11733

Title: S () Delete
Name: SILVA, BRUCE
Address: 11 BRANCH DRIVE
City-St-Zip: SMITHTOWN, NY 11787

Title: CEO () Delete
Name: WALLACE, MICHAEL J JR
Address: 4 CASTLE HARBOR RD.
City-St-Zip: HUNTINGTON BAY, NY

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:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN LOVECE

VP

03/14/2008

Electronic Signature of Signing Officer or Director

_____ Date