

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006504

FILED
Apr 05, 2007
Secretary of State

Entity Name: HOME FUNDING FINDERS INC.

Current Principal Place of Business:

621 COLUMBIA STREET
COHOES, NY 12047

New Principal Place of Business:

Current Mailing Address:

621 COLUMBIA STREET
COHOES, NY 12047

New Mailing Address:

FEI Number: 14-1647823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: FAUGHNAN, R. THOMAS
Address: 621 COLUMBIA STREET
City-St-Zip: COHOES, NY 12047

Title: SVP () Delete
Name: FOLEY, PETER
Address: 621 COLUMBIA STREET
City-St-Zip: COHOES, NY 12047

Title: VP () Delete
Name: BOPP, JAMES
Address: 621 COLUMBIA STREET
City-St-Zip: COHOES, NY 12047

Title: VP () Delete
Name: MCAVOY, MICHELLE
Address: 621 COLUMBIA STREET
City-St-Zip: COHOES, NY 12047

Title: VP (X) Delete
Name: TERWILLIGER, WILLIAM
Address: 150ALLENS CREEK ROAD
City-St-Zip: ROCHESTER, NY 14618

Title: VP (X) Delete
Name: WINK, CAROL
Address: 200 SALINA MEADOWS PARKWAY
City-St-Zip: NORTH SYRACUSE, NY 13212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RAYMOND, MICHELLE
Address: 621 COLUMBIA STREET
City-St-Zip: COHOES, NY 12047

Title: VP (X) Change () Addition
Name: TROUERBACH, EDWARD
Address: 150ALLENS CREEK ROAD
City-St-Zip: ROCHESTER, NY 14618

Title: VP (X) Change () Addition
Name: WINK, CAROL
Address: 200 SALINA MEADOWS PARKWAY
City-St-Zip: NORTH SYRACUSE, NY 13212

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 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: R THOMAS FAUGHNAN

PCEO

04/05/2007

Electronic Signature of Signing Officer or Director

Date