

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007299

Entity Name: HOMEVIEW LENDING, INC.

FILED
Feb 14, 2006
Secretary of State

Current Principal Place of Business:

25520 COMMERCE CENTRE DRIVE
SECOND FLOOR
LAKE FOREST, CA 92630

New Principal Place of Business:

Current Mailing Address:

25520 COMMERCE CENTRE DRIVE
SECOND FLOOR
LAKE FOREST, CA 92630

New Mailing Address:

FEI Number: 20-6348124

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: CV () Delete
Name: ANDERSON, W. LANCE
Address: 8140 WARD PARKWAY SUITE 300
City-St-Zip: KANSAS CITY, MO 64114

Title: D () Delete
Name: HARTMAN, SCOTT F
Address: 8140 WARD PARKWAY SUITE 300
City-St-Zip: KANSAS CITY, MO 64114

Title: P () Delete
Name: ELSAYED, KAL
Address: 25520 COMMERCE CENTRE DRIVE
City-St-Zip: LAKE FOREST, CA 92630

Title: S () Delete
Name: AYERS, JEFFREY D
Address: 8140 WARD PARKWAY SUITE 300
City-St-Zip: KANSAS CITY, MO 64114

Title: T () Delete
Name: METZ, GREGORY S
Address: 8140 WARD PARKWAY SUITE 300
City-St-Zip: KANSAS CITY, MO 64114

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:

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: JEFFREY D. AYERS

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02/14/2006

Electronic Signature of Signing Officer or Director

Date