2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# F29264

Entity Name: HOMEOWNERS FINANCIAL RESOURCES, INC.

Current Principal Place of Business:

1304 S.W. 160TH AVE
SUITE 347
SUNRISE, FL 333261902

New Principal Place of Business:

1850 SPRINGWOOD LANE
DELTONA, FL 327253764 US

Current Mailing Address:

1304 S.W. 160TH AVE
SUITE 347
SUNRISE, FL 333261902

New Mailing Address:

13671 EAST WINDSWEPT WAY
VAIL, AZ 856418999 US

FEI Number: 59-2085178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEINBERG, AARON
C/O AMERICAN EXPRESS TAX & BUS. SERV. INC.
2745 WEST CYPRESS CREEK RD.
FORT LAUDERDALE, FL 333091757 US

Name and Address of New Registered Agent:

ARONSON, MICHAEL S
1850 SPRINGWOOD LANE
DELTONA, FL 327253764 US

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: MICHAIL S. ARONSON 04/04/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ARONSON, IRA J
Address: 1304 S.W. 160TH AVE SUITE 347
City-St-Zip: SUNRISE, FL 333261902

Title: PT (X) Delete
Name: ARONSON, IRA J
Address: 1304 S.W. 160TH AVE SUITE 347
City-St-Zip: SUNRISE, FL 333261902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: ARONSON, IRA J
Address: 13671 E. WINDSWEPT WAY
City-St-Zip: VAIL, AZ 856418999

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: IRA J. ARONSON PST 04/04/2007
Electronic Signature of Signing Officer or Director — Date