



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90032 049 ***150.00

DOCUMENT # F93000002288 1. Entity Name FREEDOM HOME MORTGAGE CORPORATION					
Principal Place of Business 907 PLEASANT VALLEY AVE MOUNT LAUREL, NJ 08054			Mailing Address 907 PLEASANT VALLEY AVE SUITE 300 MOUNT LAUREL, NJ 08054		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. Suite 3			
City & State		City & State		01192006 Chg-P CR2E034 (11/05)	
Zip		Zip		4. FEI Number 22-3039688	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIDDLEMAN, STANLEY C 907 PLEASANT VALLEY AVE MT. LAUREL, NJ 08054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HEFFERON, DANIEL 907 PLEASANT VALLEY AVE MT. LAUREL, NJ 08054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Daniel Hefferon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/25/06</u> Time <u>800 220 3333</u> <small>Date Daytime Phone #</small>		

ATTACHMENT

FREEDOM MORTGAGE

40013257

Freedom Mortgage Corporation 907 Pleasant Valley Avenue Suite 3, Mt Laurel, New Jersey 08054 Phone 800-220-3333

February 9, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

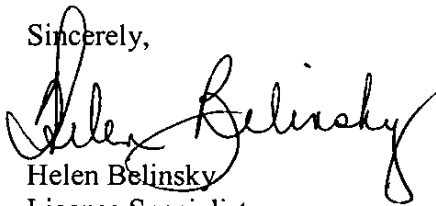
RE: Freedom Mortgage Corporation
Annual Report

Dear Sir or Madam:

Enclosed you will find our 2006 for Profit Corporation Annual Report along with our check in the amount of \$150.00 for the filing fee.

Should you require any additional information, please contact me directly at the above toll free number, extension 2149 or at hbelinsky@fhmc.com.

Sincerely,


Helen Belinsky
License Specialist

enclosure