2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000002288

1. Entity Name

FREEDOM HOME MORTGAGE CORPORATION



FILED
Jan 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

907 PLEASANT VALLEY AVE MOUNT LAUREL, NJ 08054

Mailing Address

907 PLEASANT VALLEY AVE SUITE 3 MOUNT LAUREL, NJ 08054



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3039688

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE.

DO NOT WRITE IN THIS SPACE

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.	

(NOTE: Registered Agent signature required when reinstating)

EILE NOWIII EEE IS \$450.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 1/11/07-800545004 150 00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS TITLE NAME MIDDLEMAN, STANLEY C STREET ADDRESS 907 PLEASANT VALLEY AVE CITY-ST-ZIP MT. LAUREL, NJ 08054 sv TITLE NAME HEFFERON, DANIEL STREET ADDRESS 907 PLEASANT VALLEYA VE CITY-ST-ZIP MT. LAUREL, NJ 08054 s HEFFERSON, DANIEL STREET ADDRESS 907 PLEASANT VALLEY AVE CiTY-ST-7/P MOUNT LAUREL, NJ 08054 HILLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY - ST - ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIM

NAME OF SIGNING OFFICER OR DIRECTOR

refferon '

8111-220-3333

Daytime Phone