2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000002288

1. Entity Name
FREEDOM HOME MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
907 PLEASANT VALLEY AVE MOUNT LAUREL, NJ 08054	907 PLEASANT VALLEY AVE SUITE 3 MOUNT LAUREL, NJ 08054

DO NOT WRITE IN THIS SPACE

01072008 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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIDDLEMAN, STANLEY C
STREET ADDRESS	907 PLEASANT VALLEY AVE
CITY-ST-ZIP	MT. LAUREL, NJ 08054
TITLE	SV
NAME	HEFFERON, DANIEL
STREET ADDRESS	907 PLEASANT VALLEYA VE
CITY-ST-ZIP	MT. LAUREL, NJ 08054
TITLE	S
NAME	HEFFERSON, DANIEL
STREET ADDRESS	907 PLEASANT VALLEY AVE
CITY-ST-ZIP	MOUNT LAUREL, NJ 08054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Daniel Hefferon DANIEL HEFFERON 1-9-08 800-220-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #