

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002288

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FREEDOM HOME MORTGAGE CORPORATION

## Current Principal Place of Business:

907 PLEASANT VALLEY AVE  
MOUNT LAUREL, NJ 08054

## New Principal Place of Business:

## Current Mailing Address:

907 PLEASANT VALLEY AVE  
SUITE 3  
MOUNT LAUREL, NJ 08054

## New Mailing Address:

907 PLEASANT VALLEY AVE  
MOUNT LAUREL, NJ 08054

FEI Number: 22-3039688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. 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: P ( ) Delete  
Name: MIDDLEMAN, STANLEY C  
Address: 907 PLEASANT VALLEY AVE  
City-St-Zip: MT. LAUREL, NJ 08054

Title: SV ( ) Delete  
Name: HEFFERON, DANIEL  
Address: 907 PLEASANT VALLEY AVE  
City-St-Zip: MT. LAUREL, NJ 08054

Title: S ( ) Delete  
Name: HEFFERSON, DANIEL  
Address: 907 PLEASANT VALLEY AVE  
City-St-Zip: MOUNT LAUREL, NJ 08054

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: RONALD LUCANTE SENIOR COMPLIANCE AUDITOR

MR

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date