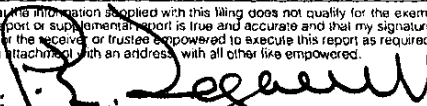


FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90131 023 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000002912			
1. Entity Name EHOMECREDIT CORP.			
Principal Place of Business ONE OLD COUNTRY RD. SUITE 300 CARLE PLACE, NY 11514		Mailing Address ONE OLD COUNTRY RD. SUITE 300 CARLE PLACE, NY 11514	
2. Principal Place of Business 100 Garden City Plaza Suite, Apt. #, etc. Suite 500		3. Mailing Address 100 Garden City Plaza Suite, Apt. #, etc. Suite 500	
City & State Garden City, NY		City & State Garden City, NY	
Zip 11530		Zip 11530	
Country Nassau		Country Nassau	
4. FEI Number 11-2815564		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 re-appointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES BODE, MICHAEL J PRESIDE ONE OLD COUNTRY RD., SUITE 300 CARLE PLACE, NY 11514 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Philip E. Zegarelli 100 Garden City Plaza Suite 500 Garden City, NY 11530 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECR KOTKIN, DAVID J SECRETA ONE OLD COUNTRY RD., SUITE 300 CARLE PLACE, NY 11514 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary Philip E. Zegarelli 100 Garden City Plaza Suite 500 Garden City, NY 11530 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO ZEGARELLI, PHILIP CEO/CFO ONE OLD COUNTRY RD., SUITE 300 CARLE PLACE, NY 11514 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 		Philip E. Zegarelli 3/31/06 516-663-0500 ext. 509	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

eHomeCredit Corp.

40043578
#F96000002912

March 31, 2006

Via UPS

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

Re: 2006 For Profit Corporation Annual Report

Dear Sir or Madam:

Enclosed please find the following:

1. 2006 For Profit Corporation Annual Report.
2. A check in the amount of \$150.00

Should you require any additional information or have any questions, please contact the undersigned at 516-663-0500 ext. 471 or ptrinidad@ehomecredit.com.

Sincerely,

Patty Trinidad

Patty Trinidad
Sr. Licensing Specialist