2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# N02000004283

Entity Name: HOMEBUYER ASSISTANCE NETWORK, INC.

Current Principal Place of Business:

6108 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6108 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 03-0459317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYNES, JOSHUA J
1635 RIVERGATE TRAIL
JACKSONVILLE, FL 32223 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HYNES, JAMES R
Address: 11810 INDIAN BLUFF COVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete
Name: FRANCO, MICHAEL J
Address: 1028 4TH STREET N., UNIT 1
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST ( ) Delete
Name: MARKLIN, MANDI L
Address: 1000 3RD STREET, #5B
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SLAVESKI, JASON A
Address: 617 DAVIS STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP (X) Change ( ) Addition
Name: WHITEHEAD, W. ROGER
Address: 4165 OLD MILL COVE TRAIL W.
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R HYNES PD 03/16/2006

Electronic Signature of Signing Officer or Director — Date