

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007410

FILED
May 16, 2006
Secretary of State

Entity Name: HOME OWNERSHIP AND MORTGAGE EDUCATION SERVICES, INC.

Current Principal Place of Business:

2165 SW 103 PL
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2165 SW 103 PL
MIAMI, FL 33165

New Mailing Address:

FEI Number: 75-3128668 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLANC, SOPHIE PRES
2165 SW 103 PL
MIAMI, FL 33165 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: DP () Delete
Name: BLANC SOPHIE,
Address: 2165 SW 103 PL
City-St-Zip: MIAMI, FL 33165

Title: DV () Delete
Name: JONES, MELODY
Address: 2165 SW 103 PL
City-St-Zip: MIAMI, FL 33165

Title: DV () Delete
Name: PINEIRO, HENRY
Address: 4345 SW 72 AVE STE C
City-St-Zip: MIAMI, FL 33155

Title: DS () Delete
Name: DE LANDSHEER, PATRICK
Address: 700 S POINCIANA BLVD #8
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DS () Delete
Name: WASHINGTON, JEROME
Address: 7801 NE 4 CT #100
City-St-Zip: MIAMI, FL 33142

Title: DT () Delete
Name: CRUZ, EDEL
Address: 220 ALHAMBRA CIR #900
City-St-Zip: MIAMI, FL 33134

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:

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 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: LOURDES TRIANA

Electronic Signature of Signing Officer or Director

DIRE

05/16/2006

Date