

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

08-11-2008 90122 027 ****61.25

DOCUMENT # N07000006022 1. Entity Name HOME EQUITY CONVERSION, USA, INC.					
Principal Place of Business 819 CHESTNUT STREET CLERMONT, FL 34711			Mailing Address 819 CHESTNUT STREET CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HAYES, JESSICA 11633 BRUCE HUNT ROAD CLERMONT, FL 34715				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WELCH, PETER MR 819 CHESTNUT STREET CLERMONT, FL 34711	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRILL, KEN MR. 465 EAST GRAND AVENUE ESCONDIDO, CA 92025	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAYES, JESSICA MS 11633 BRUCE HUNT ROAD CLERMONT, FL 34715	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 617, 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: _____ Signature and typed or printed name of signing officer or director					

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08092008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-3330509** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☒

8/08/2008 321-206-6360