2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070667

Entity Name: HOMEFRONT FINANCIAL SERVICES, INC.

FILED May 07, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12346 NW 52ND COURT 1515 N. FEDERAL HWY CORAL SPRINGS, FL 33076 SUITE 305

BOCA RATON, FL 33433

Current Mailing Address: New Mailing Address:

FEI Number: 20-0077687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AFFATATI, PETER L SR. 12346 NW 52ND COURT CORAL SPRINGS, FL 33076 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DURIAN, ELIPIDIO B SR. DE MEDEIROS, LILIANETE F Name: Name: 867 TIVOLI CIRCLE #205 1515 N. FEDERAL HWY SUITE 305 Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete Title: VP (X) Change () Addition

Name:DURIAN, ANGELA NName:AFFATATI, PETER L SR.Address:867 TIVOLI CIRCLE #205Address:1515 N. FEDERAL HWY SUITE 305City-St-Zip:DEERFIELD BEACH, FL 33441City-St-Zip:BOCA RATON, FL 33433

Title: VP (X) Delete Title: () Change () Addition

 Name:
 MEDEIROS, LILIANETE F
 Name:

 Address:
 3090 LILLIAN LANE
 Address:

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 AFFATATI, PETER L SR.
 Name:

 Address:
 12346 NW 52 COURT
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LILIANETE F. DE MEDEIROS P 05/07/2004