2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 07, 2006
Secretary of State

DOCUMENT# P04000010123

Entity Name: UNITED HOME MORTGAGE CENTER OF FLORIDA, INC.

Current Principal Place of Business:

8402 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

8402 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 61-1464654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, VITALE
8402 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

VITALE, PERRY
8402 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 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: PERRY VITALE 06/07/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VITALE, PERRY
Address: PO BOX 7043
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: V ( ) Delete
Name: CHAMBLESS, DAVID
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: V ( ) Delete
Name: SIMON, LOUIS
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S ( ) Delete
Name: SHARP, KISHASHA
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T ( ) Delete
Name: BROWNELL, PAUL
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition
Name: VITALE, PERRY
Address: PO BOX 7043
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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

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

Title: V (X) Change ( ) Addition
Name: SHARP, KISHASHA
Address: 8402 S US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERRY VITALE P 06/07/2006
Electronic Signature of Signing Officer or Director Date