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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Home Investment Funding, Inc. |
| (Name of Corporation) |
| DOCUMENT NUMBER: <u>P04000019146</u> |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Luis A. Cancel |
| (Name of Person) |
| Home Investment Funding, Inc. |
| (Name of Firm/Company) |
| 9318 E. Colonial Dr., Suite A-3 |
| (Address) |
| Orlando, FL 32817 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Luis A. Cancel at (407) 207-3411 (Name of Person) (Area Code & Daytime Telephone Number |
| (Name of Person) (Area Code & Daytime Telephone Number |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL, 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL, 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| T | Luis A. Cancel, JR | , hereby resign as | Vice-Presindent | | |
|-----|-----------------------------|---------------------------------|---------------------|--|---|
| *, | | , norvey resign as | (Titl | e) | - |
| of_ | | | | | |
| | (Name of Cor | poration) | | | |
| | PO4000019146 .20 | orporation organized ur | der the laws of the | State of | |
| | (Document Number, if known) | | | | |
| | Horida | - | | | |
| | (Signate | are of resigning officer/direct | JR, | O4 AUG 23 AM II: 48 SLUKE PARY OF STATE TALLAHASSEE, FLORIDA | |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314