

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 06, 2005  
Secretary of State**

DOCUMENT# P04000055626

Entity Name: HOMESPECT LENDING CORP.

**Current Principal Place of Business:**

6731 FLICKER LANE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

6731 FLICKER LANE  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 48-1262080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LICCIARDELLO, ROBERT  
6731 FLICKER LANE  
HUDSON, FL 34667      US

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

LICCIARDELLO, ROBERT PRES  
6731 FLICKER LANE  
HUDSON, FL 34667      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: ROBERT LICCIARDELLO      05/06/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LICCIARDELLO, ROBERT  
Address: 6731 FLICKER LANE  
City-St-Zip: HUDSON, FL 34667

Title: VP ( ) Delete  
Name: LICCIARDELLO, ROBERT V  
Address: 21319 HOPSON RD.  
City-St-Zip: LAND O' LAKES, FL 34639

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LICCIARDELLO, ROBERT  
Address: 6731 FLICKER LANE  
City-St-Zip: HUDSON, FL 34667

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

Title: TRES ( ) Change (X) Addition  
Name: LANNO, HENRY  
Address: 606 S. OREGON AVE.  
City-St-Zip: TAMPA, FL 33606

Title: SEC ( ) Change (X) Addition  
Name: LANNO, NANCY  
Address: 606 S. OREGON AVE.  
City-St-Zip: TAMPA, FL 33606

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: ROBERT LICCIARDELLO      PRES      05/06/2005  
Electronic Signature of Signing Officer or Director      Date