## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000003082

**Entity Name:** HOMEVIEW MORTGAGE SERVICES, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9050 PINES BLVD SUITE 370 2385 EXECUTIVE CENTER DRIVE 100

PEMBROKE PINES, FL 33024

BOCA RATON, FL 33431

**Current Mailing Address: New Mailing Address:** 

9050 PINES BLVD SUITE 370 2385 EXECUTIVE CENTER DRIVE

PEMBROKE PINES, FL 33024 100

BOCA RATON, FL 33431

FEI Number: 54-2164730 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:

GRANT, LEIGHTON GRANT, LEIGHTON

9050 PINES BLVD SUITE 370 2385 EXECUTIVE CENTER DRIVE US PEMBROKE PINES, FL 33024

BOCA RATON, FL 33431 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: LEIGHTON GRANT 04/28/2006

> 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

GRANT, LEIGHTON Name: Name: GRANT, LEIGHTON W 2385 EXECUTIVE CENTER DRIVE, SUITE 100 9050 PINES BLVD SUITE 370 Address: Address:

City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: BOCA RATON, FL 33431

٧S Title: (X) Change ( ) Addition Title: () Delete Name: PARCHMENT-GRANT, TSUJI Name: PARCHMENT-GRANT, TSUJI A

9050 PINES BLVD SUITE 370 2385 EXECUTIVE CENTER DRIVE SUITE 100 Address: Address:

PEMBROKE PINES, FL 33024 BOCA RATON, FL 33431 City-St-Zip: City-St-Zip:

( ) Change (X) Addition Title: Title: () Delete Name: PARCHMENT-GRANT, TSUJI A Name:

2385 EXECUTIVE CENTER DRIVE SUITE 100 Address Address:

City-St-Zip: City-St-Zip: BOCA RATON, FL 33431

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.

Ρ SIGNATURE: LEIGHTON GRANT 04/28/2006