

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021641

FILED
Aug 23, 2006
Secretary of State

Entity Name: HOMESTYLE FINANCIAL SERVICES INC.

Current Principal Place of Business:

17120 NW 11TH AVE
MIAMI, FL 33169

New Principal Place of Business:

17120 NW 11TH AVE
MIAMI, FL 33169 US

Current Mailing Address:

17120 NW 11TH AVE
MIAMI, FL 33169

New Mailing Address:

17120 NW 11TH AVE
MIAMI, FL 33169 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, APRIL D
17120 NW 11TH AVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, APRIL D
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: JONES, ROBERT L
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: JONES, LISA L
Address: 685 SW 168TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S () Delete
Name: JONES, LINDA L
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, ROBERT L
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169 US

Title: VP (X) Change () Addition
Name: JONES, LINDA L VP
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169 US

Title: S (X) Change () Addition
Name: JONES, APRIL D S
Address: 17120 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169 US

Title: T (X) Change () Addition
Name: JONES, LISA L T
Address: 8225 EQUINOX LANE
City-St-Zip: FAIRBURN, GA 30213 US

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: APRIL D JONES

S

08/23/2006

Electronic Signature of Signing Officer or Director

Date