


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90160 038 ***158.75

DOCUMENT # P05000057416					
1. Entity Name DISCOVER HOME LOANS CORP.					
Principal Place of Business 323 COUNTRY CLUB DR. OLDSMAR, FL 34677		Mailing Address 323 COUNTRY CLUB DR. OLDSMAR, FL 34677			
2. Principal Place of Business <i>2451 McMullen Booth RA</i>		3. Mailing Address <i>2451 McMullen Booth RA</i>			
Suite, Apt. #, etc. <i>231</i>		Suite, Apt. #, etc. <i>23</i>			
City & State <i>CLEARWATER, FL</i>		City & State <i>CLEARWATER, FL</i>			
Zip <i>33759</i>	Country <i>PINEHILLS</i>	Zip <i>33759</i>	Country <i>PINEHILLS</i>	02082006 Chg-P CR2E034 (11/05) 4. FEI Number <i>20-2753856</i>	
6. Name and Address of Current Registered Agent PIMENTEL, MARIA 323 COUNTRY CLUB DR. OLDSMAR, FL 34677				Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Maria Pimentel</i>				PRES. <i>2/10/06</i> DATE	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIMENTEL, MARIA	NAME			
STREET ADDRESS	323 COUNTRY CLUB DR.	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCKLEY, SEAN	NAME			
STREET ADDRESS	323 COUNTRY CLUB DR.	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Pimentel* *2/10/06* 727-796-3825
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #