2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110864

Entity Name: HOMETIME MORTGAGE INC.

FILED Jan 06, 2006 Secretary of State

504 COVE CIR. 1752 SEA LARK LANE NICEVILLE, FL 32578 NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

504 COVE CIR. 1752 SEA LARK LANE NICEVILLE, FL 32578 NAVARRE, FL 32566

FEI Number: 20-3300644 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:

KNIE, JERRY
504 COVE CIR.
KNIE, JERRY
1752 SEA LARK LANE

NICEVILLE, FL 32578 US NAVARRE, FL 32566 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: JERRY KNIE 01/06/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: P/D (X) Change () Addition

 Name:
 KNIE, JERRY
 Name:
 KNIE, JERRY L

 Address:
 504 COVE CIR.
 Address:
 504 COVE CIR.

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

Title: VP/D () Delete Title: () Change () Addition Name: GIBBS, TEDRA T.S. Name:

Address: 4411 MONPELLIER DRIVE Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip:

Title: T/S () Delete Title: S (X) Change () Addition Name: GIBBS, TEDRA T.S. Name: GIBBS, TEDRA T.S.

Address: GIBBS, TEDRA T.S. Name: GIBBS, TEDRA T.S. Address: 4411 MONPELLIER DRIVE Address: 4411 MONPELLIER DRIVE City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: PENSACOLA, FL 32505

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 KNIE, JERRY L

 Address:
 Address:
 504 COVE CIR.

 City-St-Zip:
 City-St-Zip:
 NICEVILLE, FL 32578

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: JERRY KNIE P 01/06/2006