2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110864

Entity Name: HOMETIME MORTGAGE INC.

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1752 SEA LARK LANE 7111 N. BLUE ANGEL PARKWAY PENSACOLA, FL 32526 NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

1752 SEA LARK LANE PO BOX 9453

NAVARRE, FL 32566 PENSACOLA, FL 32513

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 KNIE, JERRY 1752 SEA LARK LANE 113 OAK SHORES DR.

US US NAVARRE, FL 32566 NICEVILLE, FL 32578

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 01/17/2007

> 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: (X) Change () Addition

KNIE, JERRY L Name: Name: KNIE, JERRY L 504 COVE CIR. 113 OAK SHORES DR. Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: VP/D Title: () Change () Addition () Delete

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

Title: Title: () Delete () Change () Addition

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

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

KNIE, JERRY L KNIE, JERRY L Name: Name: Address: 504 COVE CIR. Address: 113 OAK SHORES DR. City-St-Zip: City-St-Zip: NICEVILLE, FL 32578 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.

Ρ SIGNATURE: JERRY KNIE 01/17/2007