2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State **DOCUMENT # P05000111728** 1. Entity Name 05-03-2006 90224 033 ***150.00 1ST HOME LOAN INC Principal Place of Business Mailing Address 158 YAOPON TRAIL P 0 BOX 222755 SAN ANTONIO, TX 78256 WEST PALM BEACH, FL 33422 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E034 (11/05) Cho-P City & State City & State 4. FEI Number Applied For 72-1605507 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINEDA, ENRICO A Street Address (P.O. Box Number is Not Acceptable) 4701 MARTHA LOUISE DR WEST PALM BEACH, FL 33417 City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE PST ☐ Delete TITLE Change ☐ Addition PINEDA, JULIUS A NAME **158 YAOPON TRAIL** STREET ADDRESS STREET ADDRESS SAN ANTONIO, TX 78256 CITY-ST-ZIP CITY-ST-7IP Delete Change πιε TILE ☐ Addition PINEDA, ENRICO A NAME NAME STREET ADDRESS 4701 MARTHA LOUISE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE WEST PALM BEACH, FL 33417 ☐ Change TITLE ☐ Detete ■ Addition NAME NAME STREET ROOMESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITA F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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CICNATUDE. Julius A. Pineda- President

CITY-ST-ZIP

12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certily 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

27/86. Date: