2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131581

Entity Name: FAIRWAY HOME MORTGAGE SOLUTIONS, INC.

FILED Aug 08, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

534 LISA KAREN CIRCLE 393 CENTER POINTE CIRCLE

APOPKA, FL 32712 US SUITE 1461

ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address: New Mailing Address:

534 LISA KAREN CIRCLE 393 CENTER POINTE CIRCLE

APOPKA, FL 32712 US SUITE 1461

ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 20-3563188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARRUITERO, JORGE
534 LISA KAREN CIRCLE
APOPKA, FL 32712 US

CARRUITERO, JORGE
393 CENTER POINTE CIRCLE
SUITE 1461

ALTAMONTE SPRINGS, FL 32712 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: JORGE CARRUITERO 08/08/2006

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP,S () Delete Title: () Change () Addition

 Name:
 HINCKLE, MIKE
 Name:

 Address:
 2516 AMHERST AVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32804 US
 City-St-Zip:

 $\label{eq:Title: P,T (X) Change () Addition} \end{Title: P,T (X) Change () Addition}$

Name: HELLWAGNER, MATT Name: HELLWAGNER, MATT

Address: 1073 VIA COMO PLACE Address: 145 OYSTER BAY CIRCLE UNIT 300 City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: MATTHEW HELLWAGNER P.T 08/08/2006