

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000131581

FILED
Nov 18, 2008
Secretary of State**Entity Name:** FAIRWAY HOME MORTGAGE SOLUTIONS, INC.**Current Principal Place of Business:**2170 SR 434, 386
LONGWOOD, FL 32779 US**New Principal Place of Business:****Current Mailing Address:**2170 SR 434, 386
LONGWOOD, FL 32779 US**New Mailing Address:****FEI Number:** 20-3563188 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CARRUITERO, JORGE
2170 SR 434
SUITE 386
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** VP,S () Delete
Name: HINCKLE, MIKE
Address: 2516 AMHERST AVE
City-St-Zip: ORLANDO, FL 32804 US**Title:** P, T (X) Delete
Name: HELLWAGNER, MATT
Address: 145 OYSTER BAY CIRCLE UNIT 300
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P.T (X) Change () Addition
Name: HELLWAGNER, MATTHEW
Address: 145 OYSTER BAY CIRCLE UNIT 300
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

11/18/2008

Electronic Signature of Signing Officer or Director_____
Date