

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074985

FILED
Apr 28, 2008
Secretary of State

Entity Name: HOMEWISE PREFERRED INSURANCE COMPANY

Current Principal Place of Business:

18302 HIGHWOODS PRESERVE PKWY
SUITE 110
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18302 HIGHWOODS PRESERVE PKWY
SUITE 110
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-4791515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSE, WILLIAM E
Address: 300 CRESENT CT SUITE 700
City-St-Zip: DALLAS, TX 75201

Title: D () Delete
Name: AKHTAR, JAMIEL
Address: 300 CRESENT CT SUITE 700
City-St-Zip: DALLAS, TX 75201

Title: D () Delete
Name: HART, TODD
Address: 300 CRESENT CT SUITE 700
City-St-Zip: DALLAS, TX 75201

Title: DP () Delete
Name: HAMMOND, DALE
Address: 18302 HWY PRESERVE PKWY SUITE 110
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: HALEY, DAVID
Address: 300 CRESENT CT SUITE 110
City-St-Zip: DALLAS, TX 75201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANE E FALCONE

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04/28/2008

Electronic Signature of Signing Officer or Director

Date