2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000102847

Entity Name: ACCELERATED HOME LOAN SERVICES, INC.

FILED Oct 11, 2007 Secretary of State

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

2611A W 23RD ST 2639 LISENBY AVE. - B PANAMA CITY, FL 32405 PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

2611A W 23RD ST 2639 LISENBY AVE-B PANAMA CITY, FL 32405 PANAMA CITY, FL 32405

FEI Number: 20-5326360 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:

ABDO, SALEEM N

1415 DELAWARE AVE
LYNN HAVEN, FL 32444 US

FINCI, TAMMY D

1415 DELAWARE AVE
LYNN HAVEN, FL 32444 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: TAMMY D. FINCI 10/11/2007

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: DP () Delete Title: DV (X) Change () Addition Name: ABDO, SALEEM N Name: ABDO, SALEEM N

Address: 1415 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL 32444
Address: 1415 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL 32444
City-St-Zip: LYNN HAVEN, FL 32444

Title: DV () Delete Title: DPS (X) Change () Addition
Name: FINCL TAMMY D. Name: FINCL TAMMY D.

 Name:
 FINCI, TAMMY D
 Name:
 FINCI, TAMMY D

 Address:
 1415 DELAWARE AVE
 Address:
 1415 DELAWARE AVE

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:
 LYNN HAVEN, FL 32444

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: TAMMY D FINCI P 10/11/2007