## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116210

Entity Name: NEW HOME WARRANTY MANAGEMENT, INC.

FILED May 05, 2008 Secretary of State

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

9310 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 US

Current Mailing Address: New Mailing Address:

9310 OLD KINGS ROAD SOUTH

JACKSONVILLE, FL 32257 US

12463 BRAIRMEAD LANE

JACKSONVILLE, FL 32258 US

FEI Number: 20-5519552 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:

CONNOR, MICHAEL

13401 SUTTON PARK DR S

812

JACKSONVILLE, FL 32224 US

KIELEY, TERRENCE E

12463 BRIARMEAD LANE

JACKSONVILLE, FL 32258 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: TERRENCE E. KIELEY 05/05/2008

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: P ( ) Delete Title: DP (X) Change ( ) Addition Name: CONNOR, MICHAEL Name: KIELEY, TERRENCE E

Address: 13401 SUTTON PARK DR S #812 Address: 12463 BRIARMEAD LANE
City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VP ( ) Delete Title: DVPS (X) Change ( ) Addition Name: KIELEY. TERRENCE E Name: WEBER. PAUL A

Address: 9310 OLD KINGS ROAD SOUTH Address: 11816 COLLINS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WEBER, PAUL A
 Name:

 Address:
 11816 COLLINS CREEK DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32258 US
 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: TERRENCE E. KIELEY DP 05/05/2008