


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90016 011 ***150.00

DOCUMENT # P06000150890 1. Entity Name HOME BUYERS ASSISTANCE NETWORK, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10380 Southwest Village Center Drive	3. Mailing Address 10380 Southwest Village Center Drive
Suite, Apt. #, etc. Suite 163	Suite, Apt. #, etc. Suite 163
City & State Port St. Lucie, Florida	City & State Port St. Lucie, Florida
Zip 34987	Country
Country	Zip 34987

4. FEI Number 22-3948973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, type, or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Mangan, John J. 10380 Southwest Village Center Drive, Suite 163 Port St. Lucie, Florida 34987	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered

SIGNATURE: John J. Mangan **John J. Mangan** 3/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/02)