2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000038590

Name:

Address

Address:

City-St-Zip:

City-St-Zip:

FILED Nov 13, 2008 Secretary of State

Entity Name: THE HOME LENDING NETWORK, INC. **Current Principal Place of Business: New Principal Place of Business:** 2140 DREW ST STE M CLEARWATER, FL 33765 **Current Mailing Address: New Mailing Address:** 2140 DREW ST STE M CLEARWATER, FL 33765 FEI Number: 26-0904883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VELOUDOS, ALEX 2140 DREW ST STEM CLEARWATER, FL 33765 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **VPTD** () Delete Title: (X) Change () Addition HERCEG, WILLIAM GEROGE, PARRISH Name: Name: 2140 DREW ST STE M 2140 DREW ST STE M Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33765 Title: () Delete Title: SVPD () Change (X) Addition Name: Name: ALEX, VELOUDOS 2140 DREW ST STE M Address: Address: CLEARWATER, FL 33765 City-St-Zip: City-St-Zip: Title: Title: () Delete SVPD () Change (X) Addition

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

GR COMMERCIAL LENDIN, G ASSOCIATES, I NC. Name:

DESPINA, VELOUDOS

2140 DREW ST. SUITE M.

CLEARWATER, FL 33765

Address: 2140 DREW ST, STE M City-St-Zip: CLEARWATER, FL 33765

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEX VELOUDOS **VPTD** 11/13/2008