

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087987

FILED
Feb 28, 2008
Secretary of State

Entity Name: NATIONWIDE HOME FINANCING INC.

Current Principal Place of Business:

1200 NORTH FEDERAL HWY
200
BOCA RATON, FL 33432 US

New Principal Place of Business:

23038 SANDALFOOT PLAZA DR.
BOCA RATON, FL 33428 US

Current Mailing Address:

1200 NORTH FEDERAL HWY
200
BOCA RATON, FL 33432 US

New Mailing Address:

23038 SANDALFOOT PLAZA DR.
BOCA RATON, FL 33428 US

FEI Number: 26-0677235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FIORE, LOUIZE
1200 NORTH FEDERAL HWY
200
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

FIORE, LOUIZE
23038 SANDALFOOT PLAZA DR.
BOCA RATON, FL 33428 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: _____

02/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FIORE, LOUIZE
Address: 1200 NORTH FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FIORE, LOUIZE
Address: 23038 SANDALFOOT PLAZA DR.
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP () Change (X) Addition
Name: OKCUOGLU, HAN
Address: 23038 SANDALFOOT PLAZA DR.
City-St-Zip: BOCA RATON, FL 33428

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: LOUIZE FIORE

P

02/28/2008

Electronic Signature of Signing Officer or Director

Date