

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90011 001 ***150.00

DOCUMENT # P07000126424 1. Entity Name HOME FINANCING OPTIONS INC.																																							
Principal Place of Business 5651 MIDDLECOFF DRIVE WEST PALM BEACH, FL 33413		Mailing Address 5651 MIDDLECOFF DRIVE WEST PALM BEACH, FL 33413																																					
2. Principal Place of Business - No P.O. Box # 1732 SOUTH CONGRESS AVE		3. Mailing Address 1732 SOUTH CONGRESS AVE																																					
Suite, Apt. #, etc. #285		Suite, Apt. #, etc. #285																																					
City & State PALM SPRINGS, FL		City & State PALM SPRINGS, FL																																					
Zip 33461		Zip 33461																																					
Country 		Country 																																					
6. Name and Address of Current Registered Agent LOUCKS, JASON 5651 MIDDLECOFF DRIVE WEST PALM BEACH, FL 33413		7. Name and Address of New Registered Agent Name LOUCKS, JASON Street Address (P.O. Box Number is Not Acceptable) 1732 SOUTH CONGRESS AVE #285 City PALM SPRINGS FL Zip Code 33461																																					
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 <i>Jason Loucks</i> (NOTE: Registered Agent signature required when reinstating) DATE 2/12/08																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D LOUCKS, JASON <input type="checkbox"/> Delete 5651 MIDDLECOFF DRIVE WEST PALM BEACH, FL 33413 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUCKS, JASON <input type="checkbox"/> Delete 5651 MIDDLECOFF DRIVE WEST PALM BEACH, FL 33413																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D LOUCKS, JASON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1732 SOUTH CONGRESS AVE #285 PALM SPRINGS, FL 33461 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUCKS, JASON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1732 SOUTH CONGRESS AVE #285 PALM SPRINGS, FL 33461																
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jason Loucks*

2/12/08