

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000097638

FILED
Dec 22, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSISTANCE NETWORK, INC

Current Principal Place of Business:

3370 HIDDEN BAY
SUITE #3413
AVENTURA, FL 33180

New Principal Place of Business:

18851 NE 29 AVE
SUITE #700
AVENTURA, FL 33180

Current Mailing Address:

3370 HIDDEN BAY
SUITE #3413
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 80-0327587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALLARD, O. OSIRIS
396 ALHAMBRA CIRCLE
SUITE #509
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FAGAN, NEIL
3370 HIDDEN BAY
SUITE #3413
MIAMI, FL 33134 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: NEIL FAGAN

12/22/2009

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:

Title: PRES () Delete
Name: FAGAN, NEIL
Address: 3370 HIDDEN BAY SUITE #3413
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Delete
Name: BALLARD, OMETHO O
Address: 8607 FRANJO ROAD
City-St-Zip: CUTLER BAY, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FAGAN, NEIL H
Address: 3370 HIDDEN BAY SUITE #3413
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
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: NEIL FAGAN

PRES

12/22/2009

Electronic Signature of Signing Officer or Director

Date