

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000034669

**FILED**  
**Jun 28, 2005**  
**Secretary of State****Entity Name:** HOMEBUILDERS FINANCIAL NETWORK, INC.**Current Principal Place of Business:**7900 MIAMI LAKES DRIVE WEST  
STE 200  
MIAMI LAKES, FL 33016**New Principal Place of Business:**741 BUTTONWOOD LANE  
MIAMI, FL 33137**Current Mailing Address:**7900 MIAMI LAKES DRIVE WEST  
STE 200  
MIAMI LAKES, FL 33016**New Mailing Address:**741 BUTTONWOOD LANE  
MIAMI, FL 33137**FEI Number:** 65-0409810**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BRAFMAN, HOWARD J  
7900 MIAMI LAKES DRIVE WEST  
STE 100  
MIAMI LAKES, FL 33016 US**Name and Address of New Registered Agent:**MEYER, THOMAS H DP  
741 BUTTONWOOD LANE  
MIAMI, FL 33137 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: THOMAS H. MEYER

06/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MEYER, THOMAS  
Address: 7900 MIAMI LAKES DR W  
City-St-Zip: MIAMI LAKES, FL 33016

Title: DEV ( ) Delete  
Name: BARROCAS, LINDA  
Address: 7900 MIAMI LAKES DR. W  
City-St-Zip: MIAMI LAKES, FL 33016

Title: T ( ) Delete  
Name: QUERALT, CONCEPCION  
Address: 7900 MIAMI LKS DR W  
City-St-Zip: MIAMI LKS, FL 33016

Title: S (X) Delete  
Name: BRAFMAN, HOWARD J  
Address: 7900 MIAMI LKS DR W  
City-St-Zip: MIAMI LKS, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MEYER, THOMAS  
Address: 741 BUTTONWOOD LANE  
City-St-Zip: MIAMI, FL 33137

Title: DEVS (X) Change ( ) Addition  
Name: BARROCAS-MEYER, LINDA  
Address: 741 BUTTONWOOD LANE  
City-St-Zip: MIAMI, FL 33137

Title: T (X) Change ( ) Addition  
Name: QUERALT, CONCEPCION  
Address: 530 SW 21 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS H. MEYER

DP

06/28/2005

Electronic Signature of Signing Officer or Director

Date