

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015965

FILED
May 09, 2006
Secretary of State

Entity Name: HOMESTEAD FINANCIAL SERVICES, INC.

Current Principal Place of Business:

2662 S.W. PORT ST. LUCIE BLVD.
PT. ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

2662 S.W. PORT ST. LUCIE BLVD.
PT. ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 59-3298315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAPMAN, ALAN V
2662 S.W. PORT ST. LUCIE BLVD.
PT. ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

CHAPMAN, ALAN V III
2662 S.W. PORT ST. LUCIE BLVD.
PT. ST. LUCIE, FL 34953 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: ALLAN V CHAPMAN III

05/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAPMAN, ALLAN V.
Address: 2662 S.W. PORT ST. LUCIE BLVD.
City-St-Zip: PT. ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAPMAN, ALLAN V III
Address: 2662 S.W. PORT ST. LUCIE BLVD.
City-St-Zip: PT. ST. LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLAN V CHAPMAN III

PD

05/09/2006

Electronic Signature of Signing Officer or Director

Date