

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000070015

**FILED**  
**Sep 18, 2007**  
**Secretary of State****Entity Name:** HOME FINANCING CENTER REALTY, INC.**Current Principal Place of Business:**5200 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**5200 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126**New Mailing Address:****FEI Number:** 65-1001350**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WHEELER, CLAUDINE  
5200 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126 US**Name and Address of New Registered Agent:**CLAUS COLLI, CLAUDINE  
5200 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126 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: CLAUDINE CLAUD COLLI

09/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP (X) Delete  
Name: MONTGOMERY, MARIE  
Address: 8864 SW 196 TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Delete  
Name: CLAUD, TERRY  
Address: 645 SOLANO PRADO  
City-St-Zip: CORAL GABLES, FL 33156

Title: STD ( ) Delete  
Name: WHEELER, CLAUDINE  
Address: 3609 ALHAMBRA CT  
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

Title: P (X) Change ( ) Addition  
Name: CLAUD COLLI, CLAUDINE  
Address: 3609 ALHAMBRA CT  
City-St-Zip: CORAL GABLES, FL 33134

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: CLAUDINE CLAUD COLLI

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09/18/2007

Electronic Signature of Signing Officer or Director

Date