

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000719

FILED
Jun 28, 2007
Secretary of State

Entity Name: HOMEFIELD FINANCIAL, INC.

Current Principal Place of Business:

410 EXCHANGE
SUITE 100
IRVINE, CA 92602

New Principal Place of Business:

Current Mailing Address:

410 EXCHANGE
SUITE 100
IRVINE, CA 92602

New Mailing Address:

FEI Number: 33-0814018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MAHFOUD, MAJED
Address: 410 EXCHANGE, SUITE 100
City-St-Zip: IRVINE, CA 92602

Title: PRES () Delete
Name: ROUMI, NADER
Address: 410 EXCHANGE, SUITE 100
City-St-Zip: IRVINE, CA 92602

Title: SEC () Delete
Name: BOWZ, DANNY N EVP
Address: 410 EXCHANGE, SUITE 100
City-St-Zip: IRVINE, CA 92602

Title: CFO () Delete
Name: SALISBURY, DEBRA E EVP
Address: 410 EXCHANGE, SUITE 100
City-St-Zip: IRVINE, CA 92602

Title: VP (X) Delete
Name: CAMPBELL, ROBERT M
Address: 410 EXCHANGE, SUITE 100
City-St-Zip: IRVINE, CA 92602

Title: SVP (X) Delete
Name: NEHME, PIERRE A
Address: 9445 FAIRWAY VIEW PLACE, SUITE 110
City-St-Zip: RANCHO CUCAMONGA, CA 91730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SVP (X) Change () Addition
Name: NEHME, PIERRE
Address: 9445 FAIRWAY VIEW PLACE, SUITE 110
City-St-Zip: RANCHO CUCAMONGA, CA 91730

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

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: DANNY BOWZ

SEC

06/28/2007

Electronic Signature of Signing Officer or Director

_____ Date