2007 FOR PROFIT CORPORATION ANNUAL REPORT

	ANN	IUAL RE	<u> PURI</u>		<u>,</u>	+		
	MENT # F0500	0005111						
 Entity Name TEXAS H 	OME FUNDING INC	· · · · · · · · · · · · · · · · · · ·		11.2	Contraction of the Contraction o			
1001011	OWE TO NEW MICE							
Principal Place		_	iling Address					
300 N. WATT Ste. 120	TERS RD		00 N WATTERS RD 'E. 120					
ALLEN, TX 7	75013		LEN, TX 75013			11 1 1 1		
П	O NOT WE	OITE IN	THIS SPA	\CE	07112007		CR2E034 (11/05)	
D	O 1401 W	7.1 I I. 117	1 11110 01 7	NOL.	4. FEI Numb 03-047		Applied For Not Applicable	
			,		 		\$8.75 Additional	
	6. Name and Address o	f Current Regist	ared Agent		<u>.l.</u>		Fee Required	
MARCELL	INO, JEANETTE				DO	NOT ME	ITE	
550 S.W. FIELDS AVE.					DO NOT WRITE			
PORT SAINT LUCIE, FL 34953					IN THIS SPACE			
				-				
B. The above the obligati	named entity submits this st	atement for the pu	irpose of changing its regis	tered office or register	red agent, or bo	th, in the State of Florida	l am familiar with, and accept	
SIGNATURE_	•	* ****						
	Signature, lyped or printed name of reg	platered agent and title if	applicable. (NOTE Regis	tered Agent signature required	d when reinstating)		DATE	
	LE NOW!!! FEE IS \$1: ue by September 14,	,	Election Campaign Fit Trust Fund Contribution		.00 May Be ded to Fees	In accordance with corporation did not	s. 607,193(2)(b), F.S., the receive the prior notice.	
10.		ERS AND DIREC	TORS					
TITLE NAME	P D'IORIO, ANTHONY JA	MES III						
SIRELI ADDRESS	5806 BEECHWOOD CT			•				
CHY-SI-ZIP	ALLEN, TX 75013					HOOOGO	70000	
IIILE VAME						0000007 09/13/07-8	73922 0005-006 158.75	
TREET ADDRESS								
HTLE		··						
NAME								
STREET ADDRESS CITY-ST-ZIP	60				DO	NOT WR	LITE	
ITLE				1	IN '	THIS SPA	CE	
JAME SIRELT ADDRESS				1	***			
SIY-SI-ZIP				Į				
#ILE		<u> </u>						
IAME Street address	•							
CITY-ST ZIP				_				
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itile Name Street address				•				
NAME Street Address Cify•St-Zip								
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor	certify that the information su on this report or supplement poration or the receiver or in or or an attachment with an	pplied with this fill tal report is true a stee empowered address wan all	ing does not qualify for the nd accurate and that my sig to execute this report as re other like empowered.	exemptions contained mature shall have the quired by Chapter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. I fur ct as if made under cath es, and that my name ap	her certify that the information , that I am an officer or director opears in Block 10 or Block 11 if	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor	, or or an altachment with an	polied with this fill tal report is true a ustee empowered address, with all	ing does not qualify for the nd accurate and that my sig to execute this report as re other like empowered.	exemptions contained mature shall have the quired by Chapter 60	d in Chapter 11 same legal effe 17, Florida Statut	9, Florida Statutes. I furnot as if made under calt es; and that my name as		