2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F00000005775

Entity Name: CMRE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

3075 E IMPERIAL HWY
#200
BREA, CA 92821

New Principal Place of Business:

Current Mailing Address:

3075 E IMPERIAL HWY
#200
BREA, CA 92821

New Mailing Address:

FEI Number: 95-4617663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	P	( ) Delete
Name:	LAWRENCE, SANDY	
Address:	5540 PASEO GILBERTO	
City-St-Zip:	YORBA LINDA, CA 92886	
Title:	V	( ) Delete
Name:	NIXON, JON	
Address:	18751 HAVEN LANE	
City-St-Zip:	YORBA LINDA, CA 92886	
Title:	CEO	( ) Delete
Name:	NIXON, JACK C	
Address:	632 MONTEREY BLVD.	
City-St-Zip:	HERMOSA BEACH, CA 90254	
Title:	V	( ) Delete
Name:	NIXON, PATRICK	
Address:	733 CRESCENT DRIVE	
City-St-Zip:	MONROVIA, CA 91006	
Title:	ST	( ) Delete
Name:	PARR, ANDREA	
Address:	15342 VERMONT STREET	
City-St-Zip:	WESTMINSTER, CA 92683	
Title:	V	( ) Delete
Name:	MCINTYRE, JOHN P	
Address:	1901 MORGAN LANE	
City-St-Zip:	REDONDO BEACH, CA 90278	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SANDY LAWRENCE PRES 01/14/2009

Electronic Signature of Signing Officer or Director — Date