2004 FOR PROFIT CORPORATION

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

Jul 19, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F00000006035 1. Entity Name CBA FINANCIAL, INC. Principal Place of Business Mailing Address 10933 WELLWORTH AVE 10933 WELLWORTH AVE LOS ANGELES, CA 90024 LOS ANGELES, CA 90024 07062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 95-4711793 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SULLIVAN, CHRIS DO NOT WRITE 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be \Box Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST 1915 210000013 TITLE BAKER, CONRAD C #7/19/04-80010-021 150.00 NAME STREET ADDRESS 10933 WELLWORTH AVE #6 CITY-\$1-ZIP LOS ANGELES, CA 90024 TITLE NAME BAKER, CONRAD C STREET ADDRESS 10933 WELLWORTH AVE # 6 CITY-ST-ZIP LOS ANGELES, CA 90024 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regelver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachytent with an address, with all other like empowered.

FILED