## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State** DOCUMENT # F0000006035 01-30-2006 90055 024 \*\*\*150.00 1. Entity Name CBA FINANCIAL, INC. Principal Place of Business Mailing Address 10933 WELLWORTH AVE 10933 WELLWORTH AVE C0008753 #6 LOS ANGELES, CA 90024 LOS ANGELES, CA 90024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 95-4711793 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sullivan SULLIVAN, CHRIS Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801 154 N. UNIVERSITY DR. #265 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS -- - - - ---10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST TITLE ☐ Delete ☐ Change BAKER, CONRAD C NAME NAME STREET ADDRESS 10933 WELLWORTH AVE #6 STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90024 CITY-ST-ZIP CD TITLE ☐ Defete Change ■ Addition BAKER, CONRAD C NAME NAME 10933 WELLWORTH AVE # 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90024 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete ☐ Change \_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change NAME · · · NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if chapter or on an attachment with an address, with all other like empowered.

FILED Jan 30, 2006 8:00 am

(5(6) 445-2500