2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jul 05, 2007 08:00 AM **DOCUMENT # F00000006035** Secretary of State 1. Entity Name CBA FINANCIAL, INC. Mailing Address Principal Place of Business 10933 WELLWORTH AVE 10933 WELLWORTH AVE LOS ANGELES, CA 90024 LOS ANGELES, CA 90024 No Chg-P CR2E034 (11/05) 01242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 95-4711793 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Barbara Allen DO NOT WRITE SULLIVAN, CHRIS 7154 N UNIVERSITY DR # 265 TAMARAC, FL 33321 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 (NOTE, Registered Agent signature required when reinstaling) sme of receivered seem and title if explicable \$5.00 May Be 9. Election Campaign Financing U00000767043 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE BAKER, CONRAD C NAME 10933 WELLWORTH AVE #6 STREET ADDRESS LOS ANGELES, CA 90024 CITY-ST-ZIP TITLE NAME BAKER, CONRAD C STREET ADDRESS 10933 WELLWORTH AVE # 6 LOS ANGELES, CA 90024 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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