

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000249

FILED
Apr 08, 2005
Secretary of State

Entity Name: COUNTRYWIDE INVESTMENT SERVICES, INC.

Current Principal Place of Business:

1515 WALNUT GROVE AVE., ROOM 77
ROSEMEAD, CA 917703710

New Principal Place of Business:

Current Mailing Address:

225 W HILLCREST DR.
MS TO-11
THOUSAND OAKS, CA 91360

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO () Delete
Name: GARCIA, ROSALVA
Address: 1515 WALNUT GROVE AVENUE
City-St-Zip: ROSEMEAD, CA 91770

Title: VCCO () Delete
Name: BERTA, ROBERT W JR.
Address: 1515 WALNUT GROVE AVENUE
City-St-Zip: ROSEMEAD, CA 91770

Title: D () Delete
Name: FURASH, JAMES S
Address: 225 W HILLCREST DR., MS TO-01
City-St-Zip: THOUSAND OAKS, CA 91360

Title: D () Delete
Name: GARCIA, ROSALVA
Address: 1515 WLNUT GROVE AVE., MS RM-77
City-St-Zip: ROSEMEAD, CA 917703710

Title: D (X) Delete
Name: SIMMONS, CLARENCE G III
Address: 225 W HILLCREST DR., MS TO-01
City-St-Zip: THOUSAND OAKS, CA 91360

Title: CFO () Delete
Name: QUACKENBUSH, DEAN
Address: 225 W HILLCREST DR., MS TO-04
City-St-Zip: THOUSAND OAKS, CA 91360

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 for the exemption stated in Section 119.07(3)(i), 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: LISA M MITCHELL

PARA

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date