


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000002590</b> 1. Entity Name STEARNS LENDING, INC.	
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Principal Place of Business 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707	Mailing Address 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
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01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-0051773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEARNS, GLENN B 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LE, KATHERINE 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TELLES, ROBERT 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEARNS, GLENN 4 HUTTON CENTRE DRIVE, SUITE 500 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000185378  
01/21/05-80012-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. T. Weller* Date: 10/10/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 714-513-1010