

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003070

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: FIRST AMERICAN EQUITY LOAN SERVICES, INC.

## Current Principal Place of Business:

1521 HIGHLAND AVENUE SOUTH  
CLEARWATER, FL 33756 US

## New Principal Place of Business:

1228 EUCLID AVENUE  
SUITE 400  
CLEVELAND,, OH 44115 US

## Current Mailing Address:

1228 EUCLID AVENUE  
4TH FLOOR  
CLEVELAND, OH 44115 US

## New Mailing Address:

FEI Number: 34-1294802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: HOPKINS, MICHAEL B  
Address: 1228 EUCLID AVENUE, SUITE 400  
City-St-Zip: CLEVELAND, OH 44115

Title: D ( ) Delete  
Name: NALLARHAMBS, ANAND  
Address: 150 SECOND AVENUE NORTH # 1600  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: LONG, JOHN W  
Address: 150 SECOND AVE NORTH # 1600  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: CFO ( ) Delete  
Name: CONWAY, SEAN  
Address: 1228 EUCLID AVENUE, SUITE 400  
City-St-Zip: CLEVELAND, OH 44115

Title: D ( ) Delete  
Name: KENNEDY, PARKER S  
Address: 114 EAST FIFTH STREET  
City-St-Zip: SANTA ANA, CA 92701

Title: D ( ) Delete  
Name: SANDO, BARRY M  
Address: 150 SECOND AVE NORTH # 1600  
City-St-Zip: SAINT PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DOMAN, PAUL M  
Address: 1228 EUCLID AVENUE, SUITE 400  
City-St-Zip: CLEVELAND, OH 44115

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 Chapter 119, 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: PAUL M. DOMAN

P

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date