

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003037

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: LOAN OPTIONS NETWORK, INC.

## Current Principal Place of Business:

23232 PERALTA DRIVE, STE 202  
LAGUNA HILLS, CA 92653

## New Principal Place of Business:

23832 ROCKFIELD BOULEVARD SUITE 295  
LAKE FOREST, CA 92630

## Current Mailing Address:

23232 PERALTA DRIVE, STE 202  
LAGUNA HILLS, CA 92653

## New Mailing Address:

23832 ROCKFIELD BOULEVARD SUITE 295  
LAKE FOREST, CA 92630

FEI Number: 33-0906420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FLORIDA  
521 LAKE AVENUE, SUITE 4  
LAKE WORTH, FL 33460 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: JUNE, SAMUEL A  
Address: 23232 PERALTA DRIVE, STE 202  
City-St-Zip: LAGUNA HILLS, CA 92653

Title: V ( ) Delete  
Name: BLACK, DAVID W  
Address: 23232 PERALTA DRIVE, STE 202  
City-St-Zip: LAGUNA HILLS, CA 92653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JUNE, SAMUEL A  
Address: 23832 ROCKFIELD BOULEVARD SUITE 295  
City-St-Zip: LAKE FOREST, CA 92630

Title: V (X) Change ( ) Addition  
Name: BLACK, DAVID W  
Address: 23832 ROCKFIELD BOULEVARD SUITE 295  
City-St-Zip: LAKE FOREST, CA 92630

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: SAMUEL A. JUNE

P

04/07/2005

Electronic Signature of Signing Officer or Director

Date