2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2007 8:00 am Secretary of State

Applied Prince of Business	DOCUMENT #F0000003679 1. Entity Name COUNTRYWIDE GP, INC.					02-28-2007	7 90005 044	***150).00
CALABASAS, CA 91302 WE-11	Principal Place of Business Mailing Address				4000	F004			
2. Principal Flace of Business - No P.O. Box # 3. Making Address 5. State - Applied For					4002	5631			
Suite, Apt. F etc. City & State	CALADASAS, CA 913UZ								
City & State									
Tip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052007	Chg-P	CR2E034	(12/06)	
S. Nome and Address of Current Registered Agent	City & State		City & State						
Name	Zip	Country	Zip	Country	5. Certificate	e of Status Desired			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code 6. 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 arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the floridary of Floridary agent agent of set of the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the floridary agent	·	6. Name and Address of Current	Registered Agent		7. Name and	d Address of New i			
Sireal Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this satement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS IN 11 TITE CEOD KURLAND, STANFORD L SIREEL ADDRESS KURLAND, STANFORD L SIREEL ADDRESS CITY \$1.2P CALABASAS, CA 93005 TITLE CSGC Delete TITLE CALABASAS, CA 93002 TITLE NAME BOW, SUSAN E SIREEL ADDRESS CITY \$1.2P CALABASAS, CA 93002 TITLE NAME SOUP ARK GRANADA CH-11 CITY-SI-2P CALABASAS, CA 93002 TITLE NAME SOUP ARK GRANADA SIREEL ADDRESS CITY-SI-2P CALABASAS, CA 93002 TITLE NAME STREEL ADDRESS CITY-SI-2P CALABASAS, CA 93002 TITLE NAME STREEL ADDRESS CITY-SI-2P CALABASAS, CA 91302 TITLE CALABASAS, CA 91302 TITLE NAME STREEL ADDRESS CITY-SI-2P CALABASAS, CA 91302 TITLE NAME MOZILO, ANGELO R MO	CODDODATION SERVICE COMPANY				Name				
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8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	TALLATIA	JOEE, 1 E 32301-2323							
SIGNATURE Signature Signa				City			FL	Zip Code)
### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Prusi Fund Centribution. 10.			r the purpose of changing its	registered office or	registered agent, or be	oth, in the State of F	lorida. I am fam	iliar with,	and accept
### Added to Fees 10.	SIGNATURE_	Signature, typed or printed name of registered agent :	and title if applicable. (NOT	E: Registered Agent signatu	re required when reinstating)		DATE		
ITILE NAME CEOD CHANGE	FILE NOVEM FEE IS \$150.00								
NAME SIREET ADDRESS CITY-ST-2P CALABASAS, CA 93065 CITY-ST-2P NAME SANDEFUR, JENNIFER SIREET ADDRESS CITY-ST-2P CALABASAS, CA 93021 CITY-ST-2P CALABASAS, CA 93022 CITY-ST-2P CALABASAS, CA 93032 CITY-ST-2P CALABASAS, CA 93032 CITY-ST-2P CALABASAS, CA 93302 CITY-ST-2P CALABASAS, CA 93302 CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CALABASAS, CA 93304 CITY-ST-2P CITY-ST-2P CITY-ST-2P CALABASAS, CA 93304 CITY-ST-2P CALABASAS, CA 9304 CITY-ST-2P CALABASAS, CA 93	10.		DIRECTORS	11.	ADDITIONS	/CHANGES TO OF			
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	STREET ADDRESS			STREET ADDRESS	8521 FALLE	ROOK AVE.	WH-11		
		partify that the information symplical with	this filing does not qualify for					that the in	nformation

2. Thereby certify that the information supplied with his stilling does not qualify on the exemptions contained in Chapter 178. Florida Statutes: Information that the carry that it 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:

Dunle 1 8 Jun 28 02/26/2007

(818) 316-8454

Date

Deytime Phone #