

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005775

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: CMRE FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

3075 E IMPERIAL HWY  
#200  
BREA, CA 92821

## New Principal Place of Business:

## Current Mailing Address:

3075 E IMPERIAL HWY  
#200  
BREA, CA 92821

## New Mailing Address:

FEI Number: 95-4617663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## 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: LAWRENCE, SANDY  
Address: 5540 PASEO GILBERTO  
City-St-Zip: YORBA LINDA, CA 92886

Title: V ( ) Delete  
Name: NIXON, JON  
Address: 18751 HAVEN LANE  
City-St-Zip: YORBA LINDA, CA 92886

Title: CEO ( ) Delete  
Name: NIXON, JACK C  
Address: 632 MONTEREY BLVD.  
City-St-Zip: HERMOSA BEACH, CA 90254

Title: V ( ) Delete  
Name: NIXON, PATRICK  
Address: 733 CRESCENT DRIVE  
City-St-Zip: MONROVIA, CA 91006

Title: ST ( ) Delete  
Name: PARR, ANDREA  
Address: 15342 VERMONT STREET  
City-St-Zip: WESTMINSTER, CA 92683

Title: V ( ) Delete  
Name: MCINTYRE, JOHN P  
Address: 1901 MORGAN LANE  
City-St-Zip: REDONDO BEACH, CA 90278

## 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 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: SANDY LAWRENCE

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date