

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000000709

Entity Name: ANCHOR LOANS, INC.

FILED
Nov 10, 2004
Secretary of State

Current Principal Place of Business:

1299 OCEAN AVENUE, SUITE 323
SANTA MONICA, CA 90401

New Principal Place of Business:

Current Mailing Address:

1299 OCEAN AVENUE, SUITE 323
SANTA MONICA, CA 90401

New Mailing Address:

FEI Number: 95-4684117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIPTON, JEFFREY
Address: 1299 OCEAN AVENUE, SUITE 323
City-St-Zip: SANTA MONICA, CA 90401

Title: CEO () Delete
Name: HARRINGTON, DANIEL J
Address: 1299 OCEAN AVENUE, SUITE 323
City-St-Zip: SANTA MONICA, CA 90401

Title: ST () Delete
Name: POLLACK, STEPHEN
Address: 1299 OCEAN AVENUE, SUITE 323
City-St-Zip: SANTA MONICA, CA 90401

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:

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: STEPHEN POLLACK

ST

11/10/2004

Electronic Signature of Signing Officer or Director

Date