


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90560 032 ***150.00

DOCUMENT # F02000003009
1. Entity Name
FAMILY LENDING SERVICES, INC.



Principal Place of Business Mailing Address
18581 TELLER AVENUE **15326 ALTON PARKWAY**
SUITE 100 **IRVINE, CA 92618**
IRVINE, CA 92612

d WSL 4/10/05



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0769044	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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8. 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 am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCARBOROUGH, STEPHEN J 15326 ALTON PARKWAY IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMBROSE, RICHARD N 18581 TELLER AVENUE, SUITE 100 IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNES, ANDREW H 15326 ALTON PKWY IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTERSON, BRUCE E 10900 N.E. 4TH ST., STE. 2200 BELLEVUE, WA 98004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALVORSEN, CLAY A 15326 ALTON PKWY IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRYAN, FRANK E 15326 ALTON PKWY IRVINE, CA 92618

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clay A. Halvorsen **Clay A. Halvorsen** **Secretary** *4/15/05* *949 789-7600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
ATTACHMENT
TO
2005 UNIFORM BUSINESS REPORT
OF
FAMILY LENDING SERVICES, INC.

20036069
F02 00000 3009

10. Additional Officers:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Tam Truong	Vice President, Controller & Treasurer	18581 Teller Ave., Suite 100 Irvine, CA 92612
Paul D. Wirth	Vice President - Sales	18581 Teller Ave., Suite 100 Irvine, CA 92612
Jaymie Cave	Vice President - Secondary Marketing	18581 Teller Ave., Suite 100 Irvine, CA 92612
Beverly Caldwell	Vice President -Sales	18581 Teller Ave., Suite 100 Irvine, CA 92612
Barbara J. Franko-Chapman	Vice President - Compliance & Quality Control	18581 Teller Ave., Suite 100 Irvine, CA 92612
Clay A. Halvorsen	Secretary	15326 Alton Parkway Irvine, CA 92618
John M. Stephens	Assistant Treasurer	15326 Alton Parkway Irvine, CA 92618
Lloyd H. McKibbin	Assistant Treasurer	15326 Alton Parkway Irvine, CA 92618
David Vazquez	Assistant Treasurer	15326 Alton Parkway Irvine, CA 92618