

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003009

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: FAMILY LENDING SERVICES, INC.

**Current Principal Place of Business:**

18581 TELLER AVENUE  
SUITE 100  
IRVINE, CA 92612

**New Principal Place of Business:**

**Current Mailing Address:**

15326 ALTON PARKWAY  
IRVINE, CA 92618

**New Mailing Address:**

FEI Number: 33-0769044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: C ( ) Delete  
Name: SCARBOROUGH, STEPHEN J  
Address: 15326 ALTON PARKWAY  
City-St-Zip: IRVINE, CA 92618

Title: PD ( ) Delete  
Name: AMBROSE, RICHARD N  
Address: 18581 TELLER AVENUE, SUITE 100  
City-St-Zip: IRVINE, CA 92612

Title: D ( ) Delete  
Name: PARNES, ANDREW H  
Address: 15326 ALTON PKWY  
City-St-Zip: IRVINE, CA 92618

Title: D ( ) Delete  
Name: WATTERSON, BRUCE E  
Address: 10900 N.E. 4TH ST., STE. 2200  
City-St-Zip: BELLEVUE, WA 98004

Title: S ( ) Delete  
Name: HALVORSEN, CLAY A  
Address: 15326 ALTON PKWY  
City-St-Zip: IRVINE, CA 92618

Title: D ( ) Delete  
Name: O'BRYAN, FRANK E  
Address: 15326 ALTON PKWY  
City-St-Zip: IRVINE, CA 92618

**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: D (X) Change ( ) Addition  
Name: WADE, KATHLEEN R  
Address: 15326 ALTON PKWY  
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information supplied with this filing does not qualify for the 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: GINA D. DELAO

AS

04/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date