

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000002364**

1. Entity Name  
**NEW WORLD MORTGAGE FINANCIAL INC.**



Principal Place of Business

**41655 DATE ST  
MURRIETA, CA 92562**

Mailing Address

**41655 DATE ST  
MURRIETA, CA 92562**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**33-0957773**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

5. Name and Address of Current Registered Agent

**LAONETTI, FRANKIE  
315 LEJEUNE DRIVE  
MERRITT ISLAND, FL 32953**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PC LEONARD, FRANCIS 33023 ROMERO DRIVE TEMECULA, CA 92592
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WAYLETT, MELISSA 20655 PASEO MONTANA MURRIETA, CA 92562
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Francis Leonard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/05*  
Date

*(451) 834-9830*  
Daytime Phone #