## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005199

City-St-Zip:

Entity Manage OF IMMIT INIVESTMENTS LOAN CODDODATION

FILED May 05, 2005 Secretary of State

Entity Name: Solviivii	I INVESTIMENTS LOAN CORPO	ORATION		
Current Principal Place of Business:		New Principal Place of Business:		
1949 PALOMAR OAKS CARLSBAD, CA 92009				
Current Mailing Address:		New Mailing Address:		
1949 PALOMAR OAKS CARLSBAD, CA 92009				
FEI Number: 33-0731455	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
VALDEZ, ALEJO 3556 LANTA RD. LANTANA, FL 33462	US			
The above named entity in the State of Florida.	y submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Age	ent	Date	
	193(2)(b), F.S., the corporation did no ing Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P ( Name: GOLD, MARC	( ) Delete C J	Title: P Name: ALAMEDDIN	(X) Change()Addition , NASSER K	

Address: 1949 PALOMAR OAKS WAY, SUITE A Address: 1949 PALOMAR OAKS WAY, SUITE A City-St-Zip: CARLSBAD, CA 92009 City-St-Zip: CARLSBAD, CA 92009 Title: () Delete Title: (X) Change ( ) Addition ALAMEDDIN, NASSER K AHMED, NADEEM Name: Name: Address: 1949 PALOMAR OAKS WAY, SUITE A Address: 1949 PALOMAR OAKS WAY, SUITE A CARLSBAD, CA 92009 CARLSBAD, CA 92009 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: MIDDLETON, KEVIN K Name: WATERS, CARRIE Address: 1949 PALOMAR OAKS WAY, SUITE A Address: 1949 PALOMAR OAKS WAY, SUITE A CARLSBAD, CA 92009

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.

City-St-Zip:

CARLSBAD, CA 92009

SIGNATURE: NASSER K. ALAMEDDIN Ρ 05/05/2005