2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# F03000005595

Entity Name: INDEPENDENT FINANCIAL MORTGAGE INC.

Current Principal Place of Business:

76882 VISTA TERRACE
LAKE FOREST, CA 92630

New Principal Place of Business:

2 SOUTHPOINTE DRIVE
185
LAKE FOREST, CA 92630 US

Current Mailing Address:

76882 VISTA TERRACE
LAKE FOREST, CA 92630

New Mailing Address:

2 SOUTHPOINTE DRIVE
185
LAKE FOREST, CA 92630 US

FEI Number: 48-1197207 **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: CPS ( ) Delete
Name: CUNNINGHAM, BRIAN
Address: 6 MORGAN #116
City-St-Zip: IRVINE, CA 92618

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: CUNNINGHAM, BRIAN
Address: 2 SOUTH POINTE DRIVE #185
City-St-Zip: LAKE FOREST, CA 92630 US

Title: PRES ( ) Change (X) Addition
Name: QUANDT, JAMES R
Address: 2 SOUTHPOINT DRIVE #185
City-St-Zip: LAKE FOREST, CA 92630 US

Title: SVPO ( ) Change (X) Addition
Name: KOSTER, LISA M
Address: 2 SOUTHPOINT DRIVE #185
City-St-Zip: LAKE FOREST, CA 92630 US

Title: SVPP ( ) Change (X) Addition
Name: BEADEL, THOMAS L
Address: 2 SOUTHPOINTE DRIVE #185
City-St-Zip: LAKE FOREST, CA 92630

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: LISA M. KOSTER SVPO 03/15/2006

Electronic Signature of Signing Officer or Director — Date