


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006322 1. Entity Name RESMAE MORTGAGE CORPORATION	
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Principal Place of Business 3550 EAST BIRCH STREET SUITE 102 BREA, CA 92821-6266 US	Mailing Address 3550 EAST BIRCH STREET SUITE 102 BREA, CA 92821-6266 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-2034483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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)

000000389630

01/20/06-80057-001 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 RESENDEZ, EDWARD 3350 EAST BIRCH STREET, SUITE 102 BREA, CA 928216266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FROJEN, JON 3350 EAST BIRCH STREET, SUITE 102 BREA, CA 928216266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOUBERMAN, STEVEN J 3350 EAST BIRCH STREET, SUITE 102 BREA, CA 928216266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MAYESH, M. JACK 3550 EAST BIRCH STREET, SUITE 102 BREA, CA 928216266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMPERDA, WILLIAM K 695 EAST MAIN STREET STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUTMAN, SASHA 200 MADISON AVENUE, #1900 NEW YORK, NY 10016

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06

Date

Daytime Phone #