2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000051

City-St-Zip:

DIAMOND BAR, CA 91765

Entity Name: PACIFIC CAL MORTGAGE CORPORATION

FILED Apr 21, 2005 Secretary of State

Entity Na	me: Pacific	CAL MORTGAGE CORPORA	ATION		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	_OMINO DR) BAR, CA 917	765			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	_OMINO DR) BAR, CA 917	765			
FEI Number	: 95-4516995	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NELSON, JENNIFER A 1801 GRAND ISLE CIRCLE ORLANDO, FL 32810 US			762 HADDONSTONE C # 204	NELSON, JENNIFER A 762 HADDONSTONE CIRLE # 204 LAKE MARY, FL 32746 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/21/2005	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPT (ODDO, FRANK 23545 PALOM DIAMOND BAF	INO DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VCS (ODDO, SANDF 23545 PALOM DIAMOND BAF	INO DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (SHARMA, DEE 23545 PALOM		Title: (Name: Address:) Change ()Addition	

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:

SIGNATURE: FRANK ODDO CPT 04/21/2005