


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90214 033 ***150.00

DOCUMENT # F04000001975	
1. Entity Name ECC CAPITAL CORPORATION	

Principal Place of Business 1833 ALTON PARKWAY IRVINE, CA 92606	Mailing Address 1833 ALTON PARKWAY IRVINE, CA 92606
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2. Principal Place of Business - No P.O. Box # 1733 Alton Parkway Suite, Apt. #, etc.	3. Mailing Address 1733 Alton Parkway Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 84-1642470	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

04202007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCC HOLDER, STEVEN 1833 ALTON PARKWAY SUITE 100 IRVINE, CA 92606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1733 Alton Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete ASGHAR, SHAHID 1833 ALTON PARKWAY SUITE 100 IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Rollans 1733 Alton Parkway Irvine, CA 92606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO <input checked="" type="checkbox"/> Delete ASGHAR, SHAHID 1833 ALTON PARKWAY SUITE 100 IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Jacoby 1733 Alton Parkway Irvine, CA 92606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SANTI, ROQUE A 1833 ALTON PARKWAY SUITE 100 IRVINE, CA 92606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CFO, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1733 Alton Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRAZIL, JAMES 1833 ALTON PARKWAY SUITE 100 IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1733 Alton Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Delete SANTI, ROQUE A 1833 ALTON PARKWAY SUITE 100 IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nick Minardi 1733 Alton Parkway Irvine, CA 92606

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:  **Nick Minardi, Secretary 4/23/07** **949 955-8746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #