

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002392

FILED
Apr 24, 2008
Secretary of State

Entity Name: PACIFIC REVERSE MORTGAGE, INC.

Current Principal Place of Business:

9275 SKY PARK COURT #125
SAN DIEGO, CA 92123

New Principal Place of Business:

Current Mailing Address:

9275 SKY PARK COURT #125
SAN DIEGO, CA 92123

New Mailing Address:

FEI Number: 20-0361093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
3731 EXECUTIVE PARK DR., 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: CEO () Delete
Name: MYERS, JOHN F
Address: 9275 SKY PARK CT., STE. 125
City-St-Zip: SAN DIEGO, CA 92123

Title: PRES () Delete
Name: NELSEN, EDWARD J
Address: 9275 SKY PARK CT., STE. 125
City-St-Zip: SAN DIEGO, CA 92123

Title: SEC () Delete
Name: MYERS, SANDRA
Address: 9275 SKY PARK CT., STE. 125
City-St-Zip: SAN DIEGO, CA 92123

Title: TREA () Delete
Name: NELSEN, JOAN
Address: 9275 SKY PARK CT., STE. 125
City-St-Zip: SAN DIEGO, CA 92123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD NELSEN

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date