


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 050 ***150.00

DOCUMENT # F04000004633					
1. Entity Name POINT CENTER FINANCIAL, INC.					
Principal Place of Business 30900 RANCHO VIEJO ROAD, SUITE 100 SAN JUAN CAPISTRANO, CA 92675			Mailing Address 30900 RANCHO VIEJO ROAD, SUITE 100 SAN JUAN CAPISTRANO, CA 92675		
2. Principal Place of Business - No P.O. Box # 7 Argonaut		3. Mailing Address 7 Argonaut			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Aliso Viejo, CA		City & State Aliso Viejo, CA		4. FEI Number 95-3402184	
Zip 92656		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HARKEY, DAN J 30900 RANCHO VIEJO ROAD, SUITE 100 SAN JUAN CAPISTRANO, CA 92675	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS MELANSON, M. GWEN 30900 RANCHO VIEJO ROAD, SUITE 100 SAN JUAN CAPISTRANO, CA 92675	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LIVINGSTON, STEVE 30900 RANCHO VIEJO ROAD, SUITE 100 SAN JUAN CAPISTRANO, CA 92675	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BERGFELD, V. ALAN 30900 RANCHO VIEJO ROAD, SUITE 100 SAN JUAN CAPISTRANO, CA 92675	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARD, STEVEN 30900 RANCHO VIEJO ROAD, SUITE 100 SAN JUAN CAPISTRANO, CA 92675	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>M. Gwen Melanson</i> M. Gwen Melanson 5/20/08 949-276-6202					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					