2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 24 PM 3:11

DOCUMENT # F05000004116

1. Entity Name
PACIFIC COAST MORTGAGE, INC.

Principal Place of Business	Mailing Address
6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251	6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251

09192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 86-0774519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARRY, DARRYL J 2907 PLANTAIN DR HOLIDAY, FL 34691	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ARNOLD, ZACHARY P 6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FL OPS PARRY, DARRYL J. 2907 PLANTAIN DR HOLIDAY FL 34691 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP ARNOLD, LOIS A 6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400110518574 10/09/07--01016--013 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP MUSGRAVE, RONALD S 6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR SLATEN, ALFRED L 4625 S WENDLER DR, STE 204 PHOENIX, AZ 85282	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR WOLFE, DANIEL D 4625 S WENDLER DR, STE 204 PHOENIX, AZ 85282	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CHARLES, DONALD T 4625 S WENDLER DR, STE 204 PHOENIX, AZ 85282	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 9/20/07 ☐ Change ☐ 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: ~~Arnold~~ LOIS A. ARNOLD, EVP 9/17/07 480 481 2814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #