

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90034 037 \*\*\*550.00

<b>DOCUMENT # F05000005146</b> 1. Entity Name SHEA MORTGAGE INC.					
Principal Place of Business <b>26840 ALISO VIEJO PARKWAY, SUITE 150</b> <b>ALISO VIEJO, CA 92656</b>			Mailing Address <b>155 INVERNESS DRIVE WEST, #100</b> <b>ENGLEWOOD, CO 80112</b>		
2. Principal Place of Business - No P.O. Box # <b>130 Vantis</b> Suite, Apt. #, etc. <b>Suite 110</b> City & State <b>Aliso Viejo CA</b> Zip <b>92656</b>			3. Mailing Address <b>1295 W. Washington</b> Suite, Apt. #, etc. <b>Suite 215</b> City & State <b>Tempe AZ</b> Zip <b>85281</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>95-4523866</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DRIVE, SUITE 4</b> <b>WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SHEA, JOHN F STREET ADDRESS 655 BREA CANYON ROAD CITY-ST-ZIP WALNUT, CA 91789	<input type="checkbox"/> Delete		TITLE NAME SHEA, EDMUND H STREET ADDRESS 655 BREA CANYON ROAD CITY-ST-ZIP WALNUT, CA 91789	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHEA, PETER O STREET ADDRESS 655 BREA CANYON ROAD CITY-ST-ZIP WALNUT, CA 91789	<input type="checkbox"/> Delete		TITLE NAME SHONETERE, JAMES G STREET ADDRESS 655 BREA CANYON ROAD CITY-ST-ZIP WALNUT, CA 91789	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME VANRYCKEGHEN, JOEL STREET ADDRESS 26840 ALISO VIEJO PARKWAY, SUITE 150 CITY-ST-ZIP ALISO VIEJO, CA 92656	<input type="checkbox"/> Delete		TITLE NAME POCOCK, SCOTT STREET ADDRESS 155 INVERNESS DRIVE WEST #100 CITY-ST-ZIP ENGLEWOOD, CO 80112	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SRV NAME POCOCK, SCOTT STREET ADDRESS 155 INVERNESS DRIVE WEST #100 CITY-ST-ZIP ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete		TITLE NAME POCOCK, SCOTT STREET ADDRESS 155 INVERNESS DRIVE WEST #100 CITY-ST-ZIP ENGLEWOOD, CO 80112	<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: <u>Cherie Edbag, Controller</u> 5/12/08 (949) 389 7153 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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