2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001285

Entity Name: TRIPOINT MORTGAGE GROUP, INC.

FILED Apr 21, 2007 Secretary of State

Current Principal Place	of Business:	New Principal Place o	New Principal Place of Business:	
4015 SOUTHVIEW DRIVE SAN DIEGO, CA 92117			8899 UNIVERSITY CENTER LANE #385 SAN DIEGO, CA 92122	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
4015 SOUTHVIEW DRIVE SAN DIEGO, CA 92117		8899 UNIVERSITY CENTER LANE #385 SAN DIEGO, CA 92122		
FEI Number: 59-3814995	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
PARACORP INCORPOR 236 EAST 6TH AVE TALLAHASSEE, FL 3230				
The above named entity s in the State of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATI IDE:				

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change () Addition DELGADO, ROBERT DELGADO, ROBERT Name: Name: 8899 UNIVERSITY CENTER LANE #385 4015 SOUTHVIEW DRIVE Address: Address: City-St-Zip: SAN DIEGO, CA 92117 City-St-Zip: SAN DIEGO, CA 92122

Title: () Delete Title: (X) Change () Addition Name: DELGADO, LISA Name: DELGADO, LISA

Address:

Electronic Signature of Registered Agent

Address: 4015 SOUTHVIEW DRIVE 8899 UNIVERSITY CENTER LANE #385 City-St-Zip:

SAN DIEGO, CA 92117 SAN DIEGO, CA 92122 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

Name: MARANTOS, GEORGIOS Name: DELGADO, LISA

4015 SOUTHVIEW DRIVE Address: 8899 UNIVERSITY CENTER LANE #385 Address:

City-St-Zip: SAN DIEGO, CA 92117 City-St-Zip: SAN DIEGO, CA 92122

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT DELGADO DP 04/21/2007