
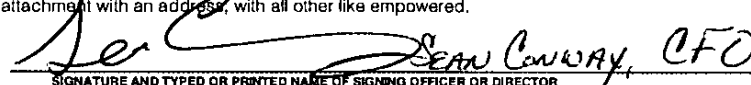


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90022 014 \*\*\*150.00

<b>DOCUMENT # F95000003070</b> 1. Entity Name <b>FIRST AMERICAN EQUITY LOAN SERVICES, INC.</b>					
Principal Place of Business <b>1521 HIGHLAND AVENUE SOUTH CLEARWATER, FL 33756 US</b>			Mailing Address <b>1228 EUCLID AVENUE 4TH FLOOR CLEVELAND, OH 44115 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>34-1294802</b>	
5. Certificate of Status Desired				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<b>P HOPKINS, MICHAEL B 1228 EUCLID AVENUE, SUITE 400 CLEVELAND, OH 44115</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR John W. Long 150 SECOND AVENUE, NORTH, STE. 1600 ST. PETERSBURG, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NALLARHAMBS, ANAND 150 SECOND AVENUE NORTH # 1600 SAINT PETERSBURG, FL 33701</b> <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	<b>D POLINER, RANDALL E 150 SECOND AVE NORTH # 1600 SAINT PETERSBURG, FL 33701</b> <input checked="" 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	<b>CFO CONWAY, SEAN 1228 EUCLID AVENUE, SUITE 400 CLEVELAND, OH 44115</b> <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	<b>D KENNEDY, PARKER S 114 EAST FIFTH STREET SANTA ANA, CA 92701</b> <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	<b>D SANDO, BARRY M 150 SECOND AVE NORTH # 1600 SAINT PETERSBURG, FL 33701</b> <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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>SEAN CONWAY, CFO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>2/9/05</b>	Daytime Phone # <b>214/241-1278</b>

**50016938**



02092005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

Additional Fee Required

**FL** Zip Code

ATTACHMENT  
#K95000003070  
50010938  
EXHIBIT A

**Officers**

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President, Michael B. Hopkins	1228 Euclid Avenue, #400 Cleveland, Ohio 44115
Chief Financial Officer, Sean Conway	1228 Euclid Avenue, #400 Cleveland, Ohio 44115

**Directors**

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President, Michael B. Hopkins	1228 Euclid Avenue, #400 Cleveland, Ohio 44115
Anand Nallathambi	150 Second Avenue, North, #1600 St. Petersburg, Florida 33701
Barry M. Sando	150 Second Avenue, North, #1600 St. Petersburg, Florida 33701
Parker S. Kennedy	114 East Fifth Street Santa Ana, CA 92701
John W. Long	150 Second Avenue, North, #1600 St. Petersburg, Florida 33701