


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004767	
1. Entity Name BROOKSAMERICA MORTGAGE CORPORATION	

Principal Place of Business 6 HUTTON CENTRE DRIVE, SUITE 1020 SANTA ANA, CA 92707	Mailing Address 6 HUTTON CENTRE DRIVE, SUITE 1020 SANTA ANA, CA 92707
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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>		DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BROOKS, MICHAEL W 6 HUTTON CENTRE DR., #1020 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAILEY, TRICIA M 6 HUTTON CENTRE DR., #1020 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C JOHN, REYES FA 6 HUTTON CENTRE DR STE 1020 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHERRY, BROOKS A 6 HUTTON CENTRE DR STE 1020 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	1/14/05 <small>Date</small>	CEO <small>Daytime Phone #</small>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael W. Brooks		

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4037912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/26/05-80037-020 150.00