2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: BROOKSAMERICA MORTGAGE CORPORATION

Current Principal Place of Business:

2 ADA
SUITE 100
IRVINE, CA 92618

New Principal Place of Business:

Current Mailing Address:

2 ADA
SUITE 100
IRVINE, CA 92618

New Mailing Address:

FEI Number: 95-4037912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: BROOKS, MICHAEL W
Address: 6 HUTTON CENTRE DR., #1020
City-St-Zip: SANTA ANA, CA 92707

Title: P ( ) Delete
Name: BAILEY, TRICIA M
Address: 6 HUTTON CENTRE DR., #1020
City-St-Zip: SANTA ANA, CA 92707

Title: VPF ( ) Delete
Name: JOHN, REYES FA
Address: 6 HUTTON CENTRE DR STE 1020
City-St-Zip: SANTA ANA, CA 92707

Title: D ( ) Delete
Name: SHERRY, BROOKS A
Address: 6 HUTTON CENTRE DR STE 1020
City-St-Zip: SANTA ANA, CA 92707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: BROOKS, MICHAEL W
Address: 2 ADA, SUITE 100
City-St-Zip: IRVINE, CA 92618

Title: P (X) Change ( ) Addition
Name: BAILEY, TRICIA M
Address: 2 ADA, SUITE 100
City-St-Zip: IRVINE, CA 92618

Title: VPF (X) Change ( ) Addition
Name: JOHN, REYES FA
Address: 2 ADA, SUITE 100
City-St-Zip: IRVINE, CA 92618

Title: D (X) Change ( ) Addition
Name: SHERRY, BROOKS A
Address: 2 ADA, SUITE 100
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information supplied with this filing does not qualify 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: TRICIA BAILEY PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date