


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90085 002 \*\*\*158.75

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<b>DOCUMENT # F96000002074</b>			
1. Entity Name <b>LANDSAFE CREDIT, INC.</b>			
Principal Place of Business <b>7105 CORPORATE DRIVE PLANO, TX 75024</b>		Mailing Address <b>7105 CORPORATE DRIVE, PTX C 87 ATTN: KELLIE WILCOX PLANO, TX 75024</b>	
2. Principal Place of Business		3. Mailing Address <b>7105 Corporate DR. PtX 87</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Attn: Joe Ahn</b>	
City & State		City & State <b>Plano, TX</b>	
Zip	Country	Zip	Country
<b>75024</b>		<b>75024</b>	<b>U.S.A.</b>
4. FEI Number <b>95-4579803</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> Zip Code	
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 _____ DATE _____ <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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD KURLAND, STANDFORD L 4500 PARK GRANADA CALABASAS, CA 91302</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>PCEO BOLAND, STEVE 1515 WALNUT GROVE ROSEMEAD, CA 91770</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOO Steve Boland 1515 Walnut Grove Rosemead, CA 91770</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SAMUELS, SANDOR E 4500 PARK GRANADA CALABASAS, CA 91302</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Don-Blanchard 7105 Corporate DR. Plano, TX 75024</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO ABERLE, MICHAEL J 8521 FALLBROOK AVENUE WEST HILLS, CA 91304</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO Gil Klier 8521 Fallbrook Ave. West Hills, CA 91304</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO SCHAKETT, JACK 8511 FALLBROOK AVENUE WEST HILLS, CA 91304</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Jack Schakett 4500 Park Granada Ave Calabasas, CA 91302</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR GATES, MARSHALL M 4500 PARK GRANADA AVENUE CALABASAS, CA 91302</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR Douglas E. Jones 8511 Fallbrook Ave West Hills, CA 91304</b> <input checked="" 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.			
SIGNATURE: _____		Date: <b>2/14/05</b> Daytime Phone #: <b>818-36-8000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			