


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 006 ***150.00

DOCUMENT # F97000001172		
1. Entity Name NOVASTAR MORTGAGE, INC.		

Principal Place of Business 8140 WARD PARKWAY KANSAS CITY, MO 64114	Mailing Address 8140 WARD PARKWAY KANSAS CITY, MO 64114
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40015771



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01282008 Chg-P CR2E034 (12/06)

4. FEI Number 54-1820743	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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's signature is required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC ANDERSON, WALTER L DC <input checked="" type="checkbox"/> Delete 8140 WARD PARKWAY KANSAS CITY, MO 64114	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President ANDERSON, WALTER L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8140 Ward Parkway, STE 300 Kansas City, MO 64114
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARTMAN, SCOTT F DV <input checked="" type="checkbox"/> Delete 8140 WARD PARKWAY KANSAS CITY, MO 64114	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTC PHILLIPS, TODD M <input type="checkbox"/> Delete 8140 WARD PARKWAY KANSAS CITY, MO 64114	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS AYERS, JEFFREY D <input checked="" type="checkbox"/> Delete 8140 WARD PARKWAY KANSAS CITY, MO 64114	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PAZGAN, DAVID A <input checked="" type="checkbox"/> Delete 4059 KINROSS LAKES PARKWAY, 2ND FLOOR RICHFIELD, OH 44286	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCFO METZ, GREG S VCFO <input checked="" type="checkbox"/> Delete 8140 WARD PARKWAY KANSAS CITY, MO 64114	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 exemptions contained 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 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: 	Todd M Phillips Executive VP/Treasurer 1/29/2008 816-237-7000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>