


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000004548 1. Entity Name PFG LOANS, INC.		
Principal Place of Business 1633 BAYSHORE HIGHWAY, SUITE 155 BURLINGAME, CA 94010	Mailing Address 1633 BAYSHORE HIGHWAY, SUITE 155 BURLINGAME, CA 94010	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11010000532325 05/06/06-80079-008 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD PICA, RALPH 1633 BAYSHORE HIGHWAY, SUITE 155 BURLINGAME, CA 94010	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDVC PICA, R. CRAIG 1633 BAYSHORE HIGHWAY, SUITE 155 BURLINGAME, CA 94010	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP PICA, DOUGLAS 1633 BAYSHORE HIGHWAY, SUITE 155 BURLINGAME, CA 94010	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVS BLAKE, MICHELLE 1633 BAYSHORE HIGHWAY, SUITE 155 BURLINGAME, CA 94010	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Michelle C Blake</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/11/06</u> Daytime Phone # <u>650-652-1300</u>