

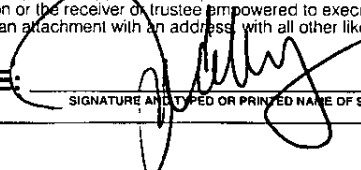


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90125 001 \*\*\*150.00

<b>DOCUMENT # F98000006372</b> 1. Entity Name <b>OWNIT MORTGAGE SOLUTIONS, INC.</b>					
Principal Place of Business <b>21800 BURBANK BLVD., SUITE #200 WOODLAND HILLS, CA 91367</b>			Mailing Address <b>21800 BURBANK BLVD., SUITE #200 WOODLAND HILLS, CA 91367</b>		
2. Principal Place of Business <b>27349 AGOURA ROAD</b> Suite, Apt. #, etc. <b>SUITE 100</b>		3. Mailing Address <b>27349 AGOURA ROAD</b> Suite, Apt. #, etc. <b>SUITE 100</b>			
City & State <b>AGOURA HILLS, CA</b>		City & State <b>AGOURA HILLS, CA</b>		4. FEI Number <b>95-4249786</b>	
Zip <b>91301</b>		Zip <b>91301</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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	PD DALLAS, WILLIAM D 21800 BURBANK BLVD., SUITE #200 WOODLAND HILLS, CA 91367	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 27349 AGOURA ROAD, SUITE 100 AGOURA HILLS, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DUHADWAY, JOHN 21800 BURBANK BLVD #200 WOODLAND HILLS, CA 91367	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER 27349 AGOURA ROAD, SUITE 100 AGOURA HILLS, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, BRYAN 21800 BURBANK BLVD., SUITE #200 WOODLAND HILLS, CA 91367	<input checked="" 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	SV WISE, JOHN R JR 21800 BURBANK BLVD/STE 200 WOODLAND HILLS, CA 91367	<input checked="" 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	SV WISE, MICHAEL A 21800 BURBANK BLVD., SUITE 200 WOODLAND HILLS, CA 91367	<input checked="" 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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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 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:  <b>John Du Hadway</b> CFO <b>4/28/05 (818) 595-0200</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					