


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000003405 1. Entity Name FOUNDATION PROPERTY MANAGEMENT, INC.	
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Principal Place of Business 911 N STUDEBAKER RD LONG BEACH, CA 90815-4900	Mailing Address 911 N STUDEBAKER RD LONG BEACH, CA 90815-4900
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01052005 No Chg-NP CR2E037 (10/03)  
 4. FEI Number 95-3651050  Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADER, WILLIAM E 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MASUDA, TOM S 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTMAN, STUART 911 N STUDEBAKER LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISTOE, LINDA 911 STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAST, RAYMOND 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWATA, TERUO 911 STUDEBAKER RD LONG BEACH, CA 908154900

U00000189544  
 01/24/05-80100-021 61.25

**DO NOT WRITE IN THIS SPACE**

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 617, 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: Linda F. Listoe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LINDA F. LISTOE**  
**CORPORATE SECRETARY** 1/14/2005 562-257-57  
Date Daytime Phone #