2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N02000002503

Entity Name: GOLDEN STATE DEBT MANAGEMENT CORP.

Current Principal Place of Business:

23848 HAWTHORNE BLVD
SUITE 101
TORRANCE, CA 90505

New Principal Place of Business:

Current Mailing Address:

23848 HAWTHORNE BLVD
SUITE 101
TORRANCE, CA 90505

New Mailing Address:

FEI Number: 30-0075764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORNE, FERNANDO
2133 N. COMMERCE PKWY
FORT LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MENENDEZ, MARIA
Address: 711 11TH STREET, UNIT B
City-St-Zip: HERMOSA BEACH, CA 90254

Title: V ( ) Delete
Name: CONRADI, VANESSA
Address: 3119 MILANO, UNIT A
City-St-Zip: ONTARIO, CA 91761

Title: D ( ) Delete
Name: YOGI, DENISE
Address: 8350 SIERRA BONITA
City-St-Zip: SAN GABRIEL, CA 91770

Title: T ( ) Delete
Name: GONZALEZ, ANA
Address: 3660 BOYCE AVE
City-St-Zip: LOS ANGELES, CA 90039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MENENDEZ OFFI 04/19/2007

Electronic Signature of Signing Officer or Director — Date