


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002371
 1. Entity Name
 LOAN NOW FINANCIAL CORP.



Principal Place of Business 2010 MAIN STREET SUITE 500 IRVINE, CA 92614	Mailing Address 2010 MAIN STREET SUITE 500 IRVINE, CA 92614
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0729337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000386017
 01/18/06-80040-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAIRON, PATRICK M 2010 MAIN ST., STE 500 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAIRON, THIERRY 2010 MAIN ST., STE 500 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FAIRON, ERIC 2010 MAIN ST., STE 500 IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 live employees.

SIGNATURE:  DATE: 1/7/06 DAYTIME PHONE #: 949.223.2008