

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004116

FILED
Mar 20, 2006
Secretary of State

Entity Name: PACIFIC COAST MORTGAGE, INC.

Current Principal Place of Business:

6300 E. THOMAS RD. #200
SCOTTSDALE, AZ 85251

New Principal Place of Business:

6991 E CAMELBACK RD, STE C250
SCOTTSDALE, AZ 85251

Current Mailing Address:

6300 E. THOMAS RD. #200
SCOTTSDALE, AZ 85251

New Mailing Address:

6991 E CAMELBACK RD, STE C250
SCOTTSDALE, AZ 85251

FEI Number: 86-0774519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRY, DARRYL J
2907 PLANTAIN DR
HOLIDAY, FL 34691 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CST () Delete
Name: ARNOLD, ZACHARY P
Address: 6300 E. THOMAS RD. #200
City-St-Zip: SCOTTSDALE, AZ 85251

Title: DP () Delete
Name: STEPHENS, CRAIG A
Address: 6300 E. THOMAS RD. #200
City-St-Zip: SCOTTSDALE, AZ 85251

Title: DEVP () Delete
Name: ARNOLD, LOIS A
Address: 6300 E. THOMAS RD. #200
City-St-Zip: SCOTTSDALE, AZ 85251

Title: DSVP (X) Delete
Name: MUSGRAVE, RONALD S
Address: 6300 E. THOMAS RD. #200
City-St-Zip: SCOTTSDALE, AZ 85251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: ARNOLD, ZACHARY P
Address: 6991 E CAMELBACK RD, STE C250
City-St-Zip: SCOTTSDALE, AZ 85251

Title: EVP (X) Change () Addition
Name: ARNOLD, LOIS A
Address: 6991 E CAMELBACK RD, STE C250
City-St-Zip: SCOTTSDALE, AZ 85251

Title: EVP (X) Change () Addition
Name: MUSGRAVE, RONALD S
Address: 6991 E CAMELBACK RD, STE C250
City-St-Zip: SCOTTSDALE, AZ 85251

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS A ARNOLD

EVP

03/20/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date