


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 24 PM 3:11

DOCUMENT # F05000004116 1. Entity Name PACIFIC COAST MORTGAGE, INC.	
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Principal Place of Business 6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251	Mailing Address 6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09192007	Chg-P	CR2E034 (12/06)
4. FEI Number 86-0774519	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent PARRY, DARRYL J 2907 PLANTAIN DR HOLIDAY, FL 34691	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Delete ARNOLD, ZACHARY P 6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FL OPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PARRY, DARRYL J. 2907 PLANTAIN DR HOLIDAY FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Delete ARNOLD, LOIS A 6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400110518574 10/09/07--01018--013 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Delete MUSGRAVE, RONALD S 6991 E CAMELBACK RD, STE C250 SCOTTSDALE, AZ 85251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Delete SLATEN, ALFRED L 4625 S WENDLER DR, STE 204 PHOENIX, AZ 85282	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Delete WOLFE, DANIEL D 4625 S WENDLER DR, STE 204 PHOENIX, AZ 85282	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Delete CHARLES, DONALD T 4625 S WENDLER DR, STE 204 PHOENIX, AZ 85282	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 9/20/07

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 like empowered.

SIGNATURE: <u>Lois A. Arnold, EVP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>9/17/07</u>	Daytime Phone #: <u>480 481 2814</u>
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