

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004657

FILED
May 15, 2009
Secretary of State

Entity Name: COBALT FINANCIAL CORPORATION

Current Principal Place of Business:

4403 MANCHESTER AVE, #202A
ENCINITAS, CA 92024

New Principal Place of Business:

Current Mailing Address:

1042 N EL CAMINO REAL
STE B-506
ENCINITAS, CA 92024

New Mailing Address:

10251 VISTA SORRENTO PKWY
SUITE 350
SAN DIEGO, CA 92121

FEI Number: 20-8895547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVE
TALLAHASSEE, FL 32303 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: CP () Delete
Name: TEMKO, DAVID
Address: 4403 MANCHESTER AVE, #202A
City-St-Zip: ENCINITAS, CA 92024

Title: VPS () Delete
Name: CIULLO, BARBARA
Address: 4403 MANCHESTER AVE, #202A
City-St-Zip: ENCINITAS, CA 92024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DAVID TEMKO

CP

05/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date