

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90173 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000003388**

1. Corporation Name  
**PACIFIC SHORE FUNDING INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 23101 LAKE CENTER DR. STE. 200  
 LAKE FOREST CA 92630

Mailing Address  
 23101 LAKE CENTER DR. STE. 200  
 LAKE FOREST CA 92630

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified  
**06/12/1998**

4. FEI Number  
**33-0352433**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEOS	<input type="checkbox"/> DELETE
NAME	EATON, EDWARD F	
STREET ADDRESS	626A CLUBHOUSE DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA 92336	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOMBARDI, CHRIS	
STREET ADDRESS	31981 VIA PAVO REAL	
CITY-ST-ZIP	COTO DE CAZA CA 92679	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GROE, ROBIN G	
STREET ADDRESS	14 BIG DIPPER COURT	
CITY-ST-ZIP	NEWPORT BEACH CA 92336	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	CAUGHMAN, DOREEN R	
STREET ADDRESS	255 AVENUE MONTALVO #2	
CITY-ST-ZIP	SAN CLEMENTE CA 92692	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED 3-9-99 (449)699-1000

CR2E034 (11/98)

F9800003388  
446994-90173-7

## Corporate Structure for Pacific Shore Funding

Edward Francis Eaton  
626A Clubhouse Drive  
Newport Beach, CA 92663  
949-675-6249  
DOB: 04-24-59  
CDL: A1225452  
SS #: 219-68-2873

CEO/Secretary/Director  
65% Ownership

Chris Lombardi  
31981 Via Pavo Real  
Coto De Caza, CA 92679  
949-855-4340  
DOB: 04-14-53  
CDL: N5501502  
SS #: 275-54-3561

President/Director  
25% Ownership

Terry Wolfe  
14252 Culver Dr. A-451  
Irvine, CA 92604  
714-771-1598  
DOB: 08-14-53  
CDL: N6918685  
SS #: 527-98-0793

Director  
10% Ownership

Robin Groe  
14 Big Dipper Court  
Newport Beach, CA 92663  
949-631-1980  
DOB: 11-09-63  
CDL: C2814781  
SS #: 479-84-3205

Vice President

Li-Lin Ko  
34 Dewey  
Irvine, CA 92620  
949-551-6066  
DOB: 09-16-49  
CDL: V810752  
SS #: 547-23-8623

Vice President-Finance

Doreen R. Caughman  
1302 Calle Alcazar  
San Clemente, CA 92692  
949-366-2105  
DOB: 01-03-63  
CDL: C2632720  
SS #: 523-17-2703

CFO