



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>110617</b>		2. Name of Corporation <b>People's Choice Home Loan, Inc.</b>			
3. Street Address Principal Business Office <b>7515 Irvine Center Drive</b>			City <b>Irvine</b>	State <b>CA</b>	Zip <b>92618</b>
4. Business Phone No. <b>(949) 341-2000</b>		5. State of Incorporation <b>WYOMING</b>			6. SIC Code <b>110617</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MORTGAGE BANKING.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Neil B. Kornswiet</b>			Vice President Name <b>N/A</b>		
Street Address <b>7515 Irvine Center Drive</b>			Street Address		
City <b>Irvine</b>	State <b>CA</b>	Zip <b>92618</b>	City	State	Zip
Secretary Name <b>Neil B. Kornswiet</b>			Treasurer Name <b>Brad Plantiko</b>		
Street Address <b>7515 Irvine Center Drive</b>			Street Address <b>7515 Irvine Center Drive</b>		
City <b>Irvine</b>	State <b>CA</b>	Zip <b>92618</b>	City <b>Irvine</b>	State <b>CA</b>	Zip <b>92618</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Neil B. Kornswiet</b>			Director Name		
Street Address <b>7515 Irvine Center Drive</b>			Street Address		
City <b>Irvine</b>	State <b>CA</b>	Zip <b>92618</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100,000 COMM \$1,000,000 PAR VALUE</b>					
<b>100</b>	<b>Common</b>	<b>.01</b>	<b>100</b>	<b>Common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*110617\*

File Date	<b>6/29/05</b>
Check No.	<b>M 70570</b>
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Neil B. Kornswiet**  
Signature of Officer  
**1-27-05**  
Date  
**Neil B. Kornswiet**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110617		2. Name of Corporation People's Choice Home Loan, Inc.			
3. Street Address Principal Business Office 7515 Irvine Center Drive			City Irvine	State CA	Zip 92618
4. Business Phone No. 949-341-2000		5. State of Incorporation WYOMING			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island MORTGAGE BANKING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Neil B. Kornswiet			Vice President Name		
Street Address 7515 Irvine Center Drive			Street Address		
City Irvine	State CA	Zip 92618	City	State	Zip
Secretary Name			Treasurer Name Brad S. Plantiko		
Street Address			Street Address 7515 Irvine Center Drive		
City Irvine	State CA	Zip 92618	City Irvine	State CA	Zip 92618
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Neil B. Kornswiet			Director Name		
Street Address 7515 Irvine Center Drive			Street Address		
City Irvine	State CA	Zip 92618	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM \$1,000,000 PAR VALUE			20,000	A-1	.001
10,000,000 authorized .001 par value			50,000	A-2	.001

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 6 1 7 \*

File Date 4/28/04  
Check No. 24816  
By: W.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Neil B. Kornswiet

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

110617

People's Choice Home Loan, Inc.

3. Street Address Principal Business Office

7525 IRVINE CWR DR. #250

City

IRVINE

State

CALIFORNIA

Zip

92618

4. Business Phone No.

949-341-2000

5. State of Incorporation

WYOMING

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

RESIDENTIAL HOME LOANS

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

NEIL KORNWIT

Vice President Name

Street Address

7525 IRVINE CWR DR. SR 250

Street Address

City

IRVINE

State

CA

Zip

92618

City

State

Zip

Secretary Name

DALE MARTIN

Treasurer Name

Street Address

7525 IRVINE CWR DR. SR 250

Street Address

City

IRVINE

State

CA

Zip

92618

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100,000 COMM \$1,000,000 PAR VALUE

10,000,000

A/162

\$0.001

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

50,000

A/1

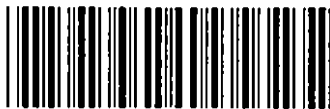
\$0.001 per share

50,000

A/2

\$0.001 per share

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 6 1 7 \*

File Date: 2/4/03

Check No.: 18129

By: DM

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

DALE MARTIN

Print or Type Name of Officer

SECRETARY

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110617 2. Name of Corporation People's Choice Home Loan, Inc.  
3. Street Address Principal Business Office 7525 Irvine Center Drive, Ste. 250  
4. Business Phone No. 949-341-2000 5. State of Incorporation WYOMING  
7. Brief Description of the Character of Business Conducted in Rhode Island

City Irvine State CA Zip 92618  
6. SIC Code

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Neil B. Kornswiet  
Street Address 7525 Irvine Center Drive, Ste. 250  
City Irvine State CA Zip 92618

Vice President Name N/A  
Street Address  
City State Zip  
Treasurer Name Neil B. Kornswiet  
Street Address 7525 Irvine Center Drive, Ste. 250  
City Irvine State CA Zip 92618

Secretary Name Neil B. Kornswiet  
Street Address 7525 Irvine Center Drive, Ste. 250  
City Irvine State CA Zip 92618

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Neil B. Kornswiet  
Street Address 7525 Irvine Center Drive, Ste. 250  
City Irvine State CA Zip 92618

Director Name N/A  
Street Address  
City State Zip  
Director Name N/A  
Street Address  
City State Zip

Director Name N/A  
Street Address

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
100,000 COMM \$1,000,000 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 6 1 7 \*

File Date: 2.28.02

Check No.: 14221

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Neil B. Kornswiet 2/22/02  
Signature of Officer Date

Neil B. Kornswiet, President 2/22/02  
Print or Type Name of Officer  
President

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110617** 2. Name of Corporation **People's Choice Home Loan, Inc.**

3. Street Address Principal Business Office **7525 Irvine Center Dr., Ste. 250** City **Irvine** State **CA** Zip **92618**  
4. Business Phone No. **949-341-2000** 5. State of Incorporation **WYOMING** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

**residential mortgage lending**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Neil B. Kornswiet</b> Street Address <b>7525 Irvine Center Dr., Ste. 250</b> City <b>Irvine</b> State <b>CA</b> Zip <b>92618</b> Secretary Name <b>Neil B. Kornswiet</b> Street Address <b>7525 Irvine Center Dr., Ste. 250</b> City <b>Irvine</b> State <b>CA</b> Zip <b>92618</b>	Vice President Name <b>N/A</b> Street Address <b>7525 Irvine Center Dr., Ste. 250</b> City <b>Irvine</b> State <b>CA</b> Zip <b>92618</b> Treasurer Name <b>Neil B. Kornswiet</b> Street Address <b>7525 Irvine Center Dr., Ste. 250</b> City <b>Irvine</b> State <b>CA</b> Zip <b>92618</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Neil B. Kornswiet</b> Street Address <b>7525 Irvine Center Dr., Ste. 250</b> City <b>Irvine</b> State <b>CA</b> Zip <b>92618</b> N/A Street Address <b>N/A</b> City <b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>	Director Name <b>N/A</b> Street Address <b>N/A</b> City <b>N/A</b> State <b>N/A</b> Zip <b>N/A</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100,000 COMM \$1,000,000 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 6 1 7 \*

File Date: **3/5**  
Check No.: **11485**  
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Neil B. Kornswiet** **3/1/01**  
Signature of Officer Date

**Neil B. Kornswiet, President**  
Print or Type Name of Officer

Title of Officer