

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
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Corporate ID No.		2. Name of Corporation	1			
110617		People's Choic	e Home Loan, Inc.			
reet Address Principa	_	Tice		City	State	Zip
	515 Irvi	ne Center Drive	5 Carra of town areas and to	Irvine	CA	92618 6- SIC Code
istness Phone No.	949) 341-	2000	5. State of Incorporation	!		110617
 		-2000 f Business Conducted in	WYOMING Rhode Island			<u>, 11017</u>
MORTGAGE B						
AMES AND ADI	DRESSES	OF THE OFFICERS	: ("X" BOX FOR AT	TACHMENT) 🔲 FILL II	N SPACES BEFORE USIN	G ATTACHMENTS
dent Name				Vice President Name		=
	eil B. K	omswiet		N/	<u>/A</u>	
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) II V	State	Zip	City	State	2.00
I	rvine	CA	92618			Ť
tary Name	••••••	6 		Treasurer Name		
	eil B. K	omswiet			Plantiko	
Address				Street Address	T 0 . D.	
7	515 Irvi	ne Center Drive	100	- 	Irvine Center Drive	Zip
т.	rvine	State CA	92618	City Irvine	State CA	92618
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tor Name				Director Name		9
N	eil B. K	amsviet.		<u> </u>		<u> </u>
Address	t .	a . D .		Street Address		<u> </u>
	515 lrvi	ne Center Drive	12/5		State	20
т.		State CA	2ip 92618	City	Siaic	٠ ويت
tor Name	rvine	J	.)92010	Director Name		······
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t Address				Street Address		5 6
		Ta	T~		Trees	
		State	Zip	City	State	Zip
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inis report	inusi be s	ідней іл ілк бу сіт	ner the President, Vict	President, Secretary, Assis	stant Secretary, Freasurer	, Necesser of Trustee
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				Linder penalty of	perjury, I declare and affirm	that I have examined thi
	. 18 6 181	*11061	7 <u>*</u>		ompanying schedules and st	
(1)	alne		7		are fine and correct.	
Date	PILUC)		[Hell	13/-1	1-27-
ΛΛ				Signature of Office		Date
ck No		/)'-//)		Neil B, Kon	msviet.	
1, 1	10			Print or Type Name		
				President		

Title of Officer



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

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	•	Fee: \$50.00				
1. Corporate ID No.	2. Name of Corporation					
110617	People's Choice Home Loan, Inc.					
3 Street Address Principal Business Office 7515 Irvine Center Drive			City Irvine	State CA	^{24р} 92618	
4. Business Phone No. 5 State of Incorporation			<u> </u>		6. SIC Code	
949-341-2000 WYOMING						
7. Brief Description of the Character MORTGAGE BANKING.	of Business Conducted in Rh	ode Island				
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	. —	CES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Neil B. Kornswiet			. Co 4.4.4		_ -	
7515 Irvine Cente	r Drive		Street Address			
Cuv	State	7.ip	City	State	Zip	
Irvine	CA	92618	:)	J	
Secretary Name			Brad S. Plantiko			
Street Address			Street Address	<u> </u>	- '' 	
			7515 Irvine Cente	er Drive		
City	State	Zip	City	State	7.(p	
			Irvine _	CA	92618	
 NAMES AND ADDRESSES Director Name Neil B. Kornswiet 		i: ("X" BOX FOR ATT	ACHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS	
Street Address 7515 Irvine Cente	er Drive		Street Address			
City	State	Z(p	City	State	Z.ip	
Irvine	CA	92618				
Director Name	•	*******************************	Director Name			
Street Address	 .		Street Address	· · - -	-	
City	State	Zip	Спу	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	 CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	 "BOX FOR ATTACHME	 (TN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value	
100,000 COMM \$1,000,000 P	AR VALUE	· -	20,000	A-1	.001	

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

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File Date	408614	
Check No.	24816	
Ву:	<i>\\\\\</i>	
F	OR SECRETARY OF STATE USE ONLY	

10,000,000 authorized .001 par value

Under penalty of perjury, 1 declare and affirm to including any accompanying schedules and state contained herein are true and correct.	
Signature of Officer	Date
Neil B. Kornswiet	
Print or Type Name of Officer	
President	
Title of Officer	

A-2

.001

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 <u>2003</u>

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FORM MUST BE TYTED OR PRINTED IN BLACI
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1. Corporate ID No. 110617

2. Name of Corporation

3. Street Address Princ	ipal Business Office
7525 1	RUINE

People's Choice Home Loan, Inc.

WYOMING

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

KESIDENTIAL HOME LUANS

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

MZIL _ KOBUSWIET Street Address

Street Address

State

Zip

12012

Secretary Name

MARAN

Street Address

120142 CWRK DR., SR 250 Siate CA 92618

State

Zip

City

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

Street Address

Street Address

City

City

State

City

State

Zip

Director Name

Director Name

Street Address

Street Address

Zip

City

State

11. SHARES ISSUED (*x* BOX FOR ATTACHMENT)

210

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Serles

State

Par Value

Zip

ISSUED SHARES Number of Shares

Class/Series

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

10,000,000

A/162

\$ 0.001

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



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.

WJOU

Print or Type Name of Officer

Title of Officer

Form 630 12/02

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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Janu	ary 1-March 1 • 1	iling Fee: \$50.00	 		PLF.
(FORM MUST BE TYPED IN	I BLACK)				
1. Corporate ID No.	2. Name of Corporation	1			
110617	People's Choi	ce Home Loan, Inc.			
3. Street Address Principal Bus	iness Office		City	State	Zip
7525 Irvin 4. Rusiness Phone No.	e Center Drive	s. State of incorporation	Irvine	CA	9 2 6 1 8 6. SIC Code
949-341-20 7. Brief Description of the Cha	00 tracter of Business Conducted in R	WYOMING thode Island			
8. NAMES AND ADD President Name	RESSES OF THE OFFIC	ERS (*X* BOX FOR ATTACI	HMENT) FILL IN SPACES I	BEFORE USING ATTAC	HMENTS
Neil B. Ko	rnswiet		N/A		
Succe Address 5 Irvin	e Center Drive	e, Ste. 250	Street Address		
City	State	Zip	City	State	Zip
Irvine	CA	92618			
Secretary Name			Treasurer Name		
Neil B. Ko	rnswiet		Neil B. Korn	swiet	
Street Address			Street Address		
7525 Irvin	e Center Drive	e, Ste. 250	7525 Irvine	Center Drive,	Ste. 250
Irvine	State CA	92618	Irvine	State CA	92618
9. NAMES AND ADD: Director Name	RESSES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
Neil B. Ko	rnswiet		N/A Street Address		
7525 Irvin	e Center Drive	e, Ste. 250			
City	State	ZIp	City	State	Zip
Irvine	CA	92618			
Director Name			Director Name		
N/A Sticet Addiess			N/A Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED (*X* BOX FOR ATTACE	HMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESTATIC CENSSI		
Number of Shares 100 000 COMM \$1 00	Class/Secies	Par Value	Number of Shares	Class/Serles	Par Value
O. SHARES AUTHOR	IZED (*X* BOX FOR ATTACI	HMENT)	11. SHARES ISSUED (*,	X* BOX FOR ATTACHMENT)	·

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

None



File Date:	2.28.02	
Check No.:	14221	
	Zu	
FOR SECRETA	ARY 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, President 2/22/02 Print or Type Name of Officer

President



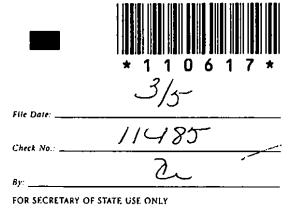
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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(FORM MUST BE TYPED IN BLACK)	

I. Corporate ID No. 110617	2. Name of Corporation People's C	n hoice Home Loan,	Inc.		
3. Street Address Principal Busines	s Office		City	State	7.1p
7525 Irvine (Center Dr.,	Ste. 250 5. State of Incorporation WYONING	Irvine	CA	92618 6. SIC Code
49-341-2000 7. Brief Description of the Charact	er of Business Conducted in S				
residential mo 8. NAMES AND ADDRE President Name		ing ERS (*x* box for attachm	ENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Neil B. Korns	swiet		N/A Street Address		
7525 Irvine Ce	enter Dr., St	te. 250	City	State	Zip
Irvine Secretory Name	CA	92618	Treasurer Name		
Neil B. Korns	swiet		Neil B. Korns	swiet	_
7525 Irvine (Center Dr., S	Ste. 250	7525 Irvine C	Center Dr., St	e. _{Zip} 50
	CA SSES OF THE DIREC	92618 TORS ("X" BOX FOR ATTACK		CA ES BEFORE USING ATTA	92618 CHMENTS
Otrector Name Neil B. Korns Street Address	swiet		N/A Street Address		
7525 Irvine (Center Dr., S	Ste. 250	Ċity	State	Zip
Irvine Director Name	CA	92618	Director Name	·	
N/A Street Address			N/A Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED (*x* box for attac	HMENT)	11. SHARES ISSUED ('X" BOX FOR ATTACHMENT.	<u>;</u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM \$1	,000,000 PAR 1	VALUE	None		

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

-Neil B. Kornswiet, President