

State of California Secretary of State

05-472952

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions. IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

: CORPORATE NAME (Please do not alter if name is preprinted.)

C2555795 YOUR CAPITAL SOURCE, INC. SUITE 1260 8105 IRVINE CENTER DRIVE IRVINE CA 92618

FILED

in the office of the Secretary of State of the State of California

OCT 2 0 2005

This Space For Filing Use Only

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DUE DATE: 08-31-05	1 70			
CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section	1502.1)	3 3	177 8	TOTAL
A publicly traded corporation must file with the Secretary of State a Corpor	ate Disclosur	re Statement (For	m SI-PT) annu	ally, within 150 day
fter the end of its fiscal year. Please see reverse for additional information	n regarding p	ublicly traded corp	porations.	
O CHANGE STATEMENT				
If there has been no change in any of the information contained in the	e last Stateme	nt of Information fil	ed with the Sec	retary of State, chec
the box and proceed to Item 15. If there have been any changes to the information contained in the	last Statemen	et of Information file	ad with the Sec	retary of State or n
statement has been previously filed, this form must be completed in its	s entirety.	it of imornation in	ed with the occ	Citary or Citato, or .
OMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the r	name of the city	y. Items 3 and 4 car	nnot be P.O. Box	es.)
STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND	STATE		ZIP CODE
3105 Irvine Center Dr., Suite 1260,	Irvine,	California		92618
STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY		ATE	ZIP CODE
8105 Irvine Center Dr., Suite 1260	Irvine,	California	CA	92618
IAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICE	RS (The corp	poration must have t	these three office	ers. A comparable tif
or the specific officer may be added; however, the preprinted titles on this form mus	t not be altered	d.)		
CHIEF EXECUTIVE OFFICER Presidentoress	CITY AND	STATE		ZIP CODE 92618
Kelby T. Smith 8105 Irvine Center Dr., #1260		California		
SECRETARY ADDRESS Kelby T. Smith 8105 Irvine Center Dr., #1260	CITY AND	STATE California		ZIP CODE 92618
	CITY AND	The contract of the contract o	7	ZIP CODE
CHEF FINANCIAL OFFICER ADDRESS Weller T. Smith 8105 Irvine Center Dr. #1260		California		92618
The strave at least one director. Attach additional pages. If necessary.) Relay T. Smith 8105 Irvine Center Dr., #1260	Tryine.	Scalifornia		9726100E
Dennis Frederick 8105 Irvine Center Dr., #1260		STATE		32618E
I NAME ADDRESS	CITY AND			ZIP CODE
NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: NONE				the death of California
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent corress. If the agent is another corporation, the agent must have on file with the	t must reside in	n California and Item	1 13 must be con	pleted with a Californ to Comporations Co
ection 1505 and item 13 must be left blank.)	Odmorna Sec	actary of claic a oc	ortinoato peroca-	
2. NAME OF AGENT FOR SERVICE OF PROCESS				00673
John J. Stifter 1181 Puerta del Sol, Suite 10		lemente, Cal	N-100-1000000	92673
3 ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUA	L CITY	SI	CA	ZIP CODE
TYPE OF BUSINESS	of the same a	and the second		water the contract of
4 DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION	E LA SMERS			
DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION TOTE age broker E BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATEMENT OF S	ATE THE CORP	ORATION CERTIFIES		ON CONTAINED HERE
E BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATEMENTS, IS TRUE AND CORRECT.	ATA THE CORP	-11	THE INFORMATI	ON CONTAINED HERE
DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION TOTTG AGE DOKET S BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF SINCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT Kelby T. Smith	ATA THE CORP	-11		ON CONTAINED HERE 10/19/05 DATE