

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005850

FILED
May 31, 2007
Secretary of State

Entity Name: CAPITAL FINANCIAL LENDING CORP.

Current Principal Place of Business:

P.O. BOX 607
HAMLIN, PA 18427

New Principal Place of Business:

869 97TH AVE N
A-1
NAPLES, FL 18427

Current Mailing Address:

P.O. BOX 607
HAMLIN, PA 18427

New Mailing Address:

FEI Number: 23-3073474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFER, JOHN C VP
5 SHILOH DR.
HAMLIN PA, FL 18427 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SCHAEFER, JOHN
Address: 5 SHILOH DR.
City-St-Zip: HAMLIN, PA 18427

Title: S () Delete
Name: SCHAEFER, LINDA
Address: 5 SHILOH DR.
City-St-Zip: HAMLIN, PA 18427

Title: T () Delete
Name: MURPHY, TIM
Address: 128 INDIAN ROCKS
City-St-Zip: LAKE ARIEL, PA 18436

Title: P () Delete
Name: MURPHY, KAREN
Address: 128 INDIAN ROCKS
City-St-Zip: LAKE ARIEL, PA 18436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN SCHAEFER

VP

05/31/2007

Electronic Signature of Signing Officer or Director

_____ Date