


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # N93000000616 1. Entity Name BLACK BUSINESS CAPITAL FINANCING CORPORATION	
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Principal Place of Business 315 E. ROBINSON ST. SUITE 660 ORLANDO, FL 32801	Mailing Address 315 E. ROBINSON ST. SUITE 660 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3179911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LONG, INEZ 315 E. ROBINSON STREET SUITE 660 ORLANDO, FL 32801

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000637611
02/26/07-80067-021 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, INEZ 315 EAST ROBINSON ST SUITE 660 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUCKWJ, LAWRENCE 315 EAST ROBINSON ST SUITE 660 ORLANDO, FL 32801
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley King* 2/16/07 407-649-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #