



# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N93000000616</b><br>1. Entity Name<br><b>BLACK BUSINESS CAPITAL FINANCING CORPORATION</b>  |   |  |  | <div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">07 MAY 14 AM 8:20</div> <div style="font-size: 0.8em;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div> |  |
| Principal Place of Business<br>315 E. ROBINSON ST.<br>SUITE 660<br>ORLANDO, FL 32801   |   | Mailing Address<br>315 E. ROBINSON ST.<br>SUITE 660<br>ORLANDO, FL 32801          |  | <br><br>04122007 Chg-NP CR2E037 (12/06)   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  |   | Country   |  | 4. FEI Number<br><b>59-3179911</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required  |  | Applied For<br>Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LONG, INEZ<br>315 E. ROBINSON STREET<br>SUITE 660<br>ORLANDO, FL 32801   |   |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |
| <b>Amended AR is \$61.25</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD DIRECTOR</b><br>LONG, INEZ<br>315 EAST ROBINSON ST SUITE 660<br>ORLANDO, FL 32801 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>800109606939</b><br><b>05/31/07--01022--028 **70.00</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br>CHUCKWU, LAWRENCE<br>315 EAST ROBINSON ST SUITE 660<br>ORLANDO, FL 32801    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Director</b><br><b>Susan Brasch</b><br><b>315 E. Robinson St., suite 660</b><br><b>Orlando, FL 32801</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 another like empowered. |   |   |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | 4/12/07<br><small>Date</small>  |  | 407-649-4780<br><small>Daytime Phone #</small>  |  |

05/24