

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132049

Entity Name: SIGNATURE LENDING GROUP, INC.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

6100 GLADES ROAD
#308
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

2640 NW 39TH STREET
BOCA RATON, FL 33434

New Mailing Address:

6100 GLADES ROAD #308
BOCA RATON, FL 33434

FEI Number: 48-1289678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, NICOLE
2640 NW 39TH STREET
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

SMITH, NICOLE
6100 GLADES ROAD #308
BOCA RATON, FL 33434 US

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: NICOLE SMITH

05/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, NICOLE
Address: 2640 NW 39TH STREET
City-St-Zip: BOCA RATON, FL 33434 US

Title: VP () Delete
Name: SMITH, MAURICIO N
Address: 2640 NW 39TH STREET
City-St-Zip: BOCA RATON, FL 33434 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, NICOLE
Address: 6100 GLADES ROAD #308
City-St-Zip: BOCA RATON, FL 33434 US

Title: VP (X) Change () Addition
Name: SMITH, MAURICIO N
Address: 6100 GLADES ROAD #308
City-St-Zip: BOCA RATON, FL 33434 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICOLE SMITH

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date