## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 847117**

Entity Name: WACHOVIA SBA LENDING, INC.

FILED May 10, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	ERVILLE RD ON, DE 19808	US			
Current Mailing Address:			New Mailing Address:		
C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE RD., STE. 400 WILMINGTON, DE 19808					
FEI Number:	22-2293019	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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.
SIGNATUR	_·	Signature of Registered Agent	<u> </u>	 Date	
Election Cam	e with s. 607.193(	(2)(b), F.S., the corporation did not r Trust Fund Contribution ( ).	eceive the prior notic		
Title: Name:	P () E SERRES, DONNA	Delete A	Title: Name:	P/D (X) Change ( ) Addition SERRES, DONNA	
Address: City-St-Zip:	1620 EAST ROSI ROSEVILLE, CA		Address: City-St-Zip:	1620 EAST ROSEVILLE PKWY ROSEVILLE, CA 95661	
Title:	SEC ()[	Delete	Title:	( ) Change ( ) Addition	
Name: Address:	METZ, MARK 301 SOUTH COL	LEGE STREET	Name: Address:		
City-St-Zip:	CHARLOTTE, NO		City-St-Zip:		
Title:	T ()	Delete	Title:	T (X) Change ( ) Addition	
Name: Address:	LAUGHLIN, WLA	TER LE PARKWAY SUITE 100	Name: Address:	LAUGHLIN, WALTER 1620 E ROSEVILLE PARKWAY SUITE 100	
City-St-Zip:	ROSEVILLE, CA		City-St-Zip:	ROSEVILLE, CA 95661	
Title:	` '	Delete	Title:	( ) Change ( ) Addition	
Name: Address:	GUY, JOHN L 301 SOUTH COL	LEGE STREET	Name: Address:		
City-St-Zip:	CHARLOTTE, NO		City-St-Zip:		
Title:		Delete	Title:	( ) Change ( ) Addition	
Name: Address:	POPLE, DAVID L 301 SOUTH COL		Name: Address:		
City-St-Zip:	CHARLOTTE, NO		City-St-Zip:		
Title:	, ,	Delete	Title:	( ) Change ( ) Addition	
Name: Address:	MULLIS, CAROL 301 S COLLEGE		Name: Address:		
City-St-Zip:	CHARLOTTE, NO		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: CAROL R MULLIS VP 05/10/2007