2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90211 017 ***158.75

Daytime Phone #

DOCUMENT # F0000005057 1. Entity Name COMUNITY LENDING, INCORPORATED								04-28-2006	90211	017 ***15	58.75
Principal Place	of Business	3	Mailing Address								
610 JARVIS D	R STE-200		610 JARVIS DRIVE								
SUITE 200 Morgan Hill, CA 95037			200 Morgan Hill, ca 95037								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04252006	Chg-P	CR2E	34 (11/05)	
City & State			City & State			4. FEI Numbe 94-267				plied For at Applicable	
Zip	Country		Zip Coun		try	5. Certificate of Status Desire		of Status Desired	\$8.75 Additional Fee Required		
	6. Name	and Address of Current R				-	7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY					Name						
1201 HAYS	STREET			Street Address (P.O. Box Number is Not Acceptable)							
IALLAHAS	3522,12	32301-2323									
					City				FL	Zip Cod	
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 lamiliar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS,	CHANGES TO OFFI	CERS AN	DIRECTOR	
TITLE	PC	LIAMAD	☐ Delete	TITL		SVI		o' Schnupp	•	☐ Change	Addition
NAME Street address	FRY, WIL 610 JARV	IS DR., STÉ 200		ET ADDRESS	610	Jarvis Dr	ive, Ste. 20	0			
CITY-ST-ZIP		I HILL, CA 95037		-ST-ZIP	,		LA 4503				
TITLE	EXVP		Delete	TITL	E					☐ Change	☐ Addition
NAME		I, JANENE		NAM	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		/IS DR., STE 200 I HILL, CA 95037		1	-ST-ZIP						
TITLE	EXVP		☐ Delete	TITL	E	-				☐ Change	Addition
-NAME	,	S,-JAYSON		NAM		ł	-			-	
STREET ADDRESS CITY+ST-ZIP	1	/IS DR., STE 200 I HILL. CA 95037			EET ADDRESS '-ST-ZIP						
IIILE	SVPS	I FILL, CA 95057	☐ Delete	TITE		 		·		☐ Change	Addition
NAME	1	NSEN, ALLEN	_ Detate	NAM							
STREET ADDRESS	610 JARV	IS DRIVE, SUITE 200			EET ADDRESS						
CITY-ST-ZIP		HILL, CA 95037		-1	-ST-ZIP	ļ	<u> </u>				
TITLE NAME	SVPS	SWENN	☐ Delete	TITL Nam						☐ Change	☐ Addition
STREET ADDRESS		/IS DRIVE, SUITE 200			EET ADDRESS	1					
CITY+ST-ZIP		HILL, CA 95037		CITY	r-ST-ZIP						
TITLE	SVPS		☐ Detete	TITL						Change	☐ Addition
NAME	NGUYEN			NAM	eet address						
STREET ADDRESS CITY-ST-ZIP		/IS DRIVE, SUITE 200 NHILL, CA 95037			-ST-ZIP						
			this filing does not qualify for	or the ex	emptions of	containe	d in Chapter 11	9, Florida Statutes. I	further ce	rtify that the i	nformation
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.											
changed, or on an attachment with an address, with a fother like empowered.								66			
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