


Jan 15,
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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000001023		
1. Entity Name MORTGAGETREE LENDING CORPORATION		
Principal Place of Business 100 POPLAR AVE. MODESTO, CA 95354		Mailing Address 100 POPLAR AVE. MODESTO, CA 95354
DO NOT WRITE IN THIS SPACE		
		01062004 No Chg-P CR2E034 (10/03)
		4. FEI Number 77-0104921
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	RUNYON, MARK J	
STREET ADDRESS	100 POPLAR AVE.	
CITY-ST-ZIP	MODESTO, CA 95354	
TITLE	D	
NAME	LOWE, RODNEY K	
STREET ADDRESS	1500 SCENIC DR. #14	
CITY-ST-ZIP	MODESTO, CA 95355	
TITLE	COO	
NAME	GROSSMAN, DIANA	
STREET ADDRESS	1521 ROSE GARDEN CT.	
CITY-ST-ZIP	MODESTO, CA 95356	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 of an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Diana L. Grossmann</i>		Diana L. Grossmann 01/06/04 (800) 795-4447
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>