2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OF RESISTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 10, 2005 08:00 AM

949-727-0197

Daytime Phone #

2005

x 4.3

DOCUMENT # F02000000143 1. Calify/ame CUICK2LEND.COM CORPORATION Principal Pauce of Guinness 1201 DOVE STREET 1201 DOVE STRE		ANTONE		1	_	Conveterer of Ctate	
1201 DOVE STREET 475 NEWPORT BEACH, CA 92650 DO NOT WRITE IN THIS SPACE 101042005 No Chg. P. CR2E034 (10'03) 10104205 No Chg. P. CR2E034 (10'03) 101042005 No Chg. P. CR2E034 (10'03	1. Entity Nam	ne -	43			Secretary of State	
DO NOT WRITE IN THIS SPACE Old 2005 No Chg.P CR2E034 (10/03)	Principal Plac	ce of Business	Mailing Address		1		
DO NOT WRITE IN THIS SPACE Display Displa		STREET					
DO NOT WRITE IN THIS SPACE A FEI Number 33-0879877 Applied For 33-0879877 Nat Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For 33-0879877 S. Certificate of Status Desired \$8.75 Applied For \$8.		ENCH CV 03880					
DO NOT WRITE IN THIS SPACE 4. FSI Number 33-0879877	NEWFORID	EACH, CR 92000	NEW ON BENGII, ON 32000			TIT NUMBER FRUIT DEFIN DEFIN NEW TO NUMBER WORK WITH STREET	
S. Derrificate of Status Desired Security Status Desir	С	OO NOT WRITE	IN THIS SPA	CE	01042005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For		
6. Name and Address of Current Registered Agent CORPORATE RESEARCH SOLUTIONS INC 1333 N DUVAL STREET TALLAHASSEE, FL 32303 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept th						CO 7E	
CORPORATE RESEARCH SOLUTIONS INC 1333 N DUVAL STREET TALLAHASSEE, FL 32303 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 Floride, I am familiar with, and accept the dilipstions of registered agent, or both, in the State of Floride, I am familiar with, and accept the dilipstions of registered agent, or both, in the State of Floride, I am familiar with, and accept the dilipstions of registered agent, or both, in the State of Floride, I am familiar with, and accept the dilipstions of registered agent, or both, in the State of Floride, I am familiar with, and accept the dilipstic of					3. Certificati		
1333 N DUVAL STREET TALLAHASSEE, FL 32303 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. SIGNATURE Separative, lyaded a provide from the fine flags-flags. POIL Registered Agent agents are shaded to Fees. POIL Registered Agent agents agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the additional agents agents. SIGNATURE SIGNATURE Speakure, lyaded a provide revised registered agent, or both, in the State of Florida. I am familiar with, and accept the additional agents agents. POIL Registered Agent agents agent, or both, in the State of Florida. I am familiar with, and accept the additional agents agents agents agents. POIL Registered Agent agents agent, or both, in the State of Florida. I am familiar with, and accept the additional agents	·	6. Name and Address of Current Re	gistered Agent			Management and the second seco	
SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signa	1333 N DUVAL STREET						
SIGNATURE Sepature, special or control of remaind remaind in plant and differ it applicable NOTE Registered Ages signature, required when remaining \$5.00 May Be Addres to Fees \$1.00 May May Be Addres to Fees \$1.00 May May May May May May May Be Addres to Fees \$1.00 May							
TILL NAME STREET ADDRESS CITY-ST-2P ITILE INC. Separature, types or printed remre of registered agent and file it specification (NOTE Registered Agent signature registered when remaining) P. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-2P	the obligations of registered agent.						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS SIREE	SIGNATURE Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE						
TITLE NAME STOLL, DAVID STREET ADDRESS CITY-ST-2IP NEWPORT BEACH, CA 92660 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME INTEL NAME STREET ADDRESS CITY-ST-2IP TITLE NAME TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-S	LITE MOMIT LEE 19 \$ 130.00			noing \$5	.00 May Be led to Fees	Un0000175258 01/10/05-80042-018 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10.	OFFICERS AND DI	RECTORS			<u></u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	PD	·	1			
CITY-ST-ZIP NEWPORT BEACH, CA 92660 TITLE MAME STREET ADDRESS CITY-ST-ZIP		1	=	1			
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP		NEWFORT BEACH, CA 92000		-			
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-\$T-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****						
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	IIV	I HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			1		ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				I			
TITLE NAME SIRRET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				1			
CITY-SI-ZIP							
	STREET ADDRESS						
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 party 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 chapter 607, provided or on an attachment with an address, with all other like empowered.				<u> I</u>		1,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,111,1	
	12. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower on a stackment with a address with the control of	s filing does not qualify for the exe le and accurate and that my signal red to execute this report as requi-	mption stated in Se lure shall have the red by Chapter 607	ection 119.07(3) same legal effe 7, Florida Statut	(f), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	