2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003668

Name:

Address:

City-St-Zip:

HSU, DANIEL

911 S. LAURELWOOD LANE

ANAHEIM, CA 92806

Entity Name: LENDERS DIRECT CAPITAL CORPORATION

FILED Jan 21, 2004 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Plac	New Principal Place of Business:	
	TERPRISE W. REST, CA 926	AY, 2ND FLOOR 330			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
26072 MERIT CIRCLE, SUITE 112 LAGUNA HILLS, CA 92653			26140 ENTERPRISE WAY, 2ND FLOOR LAKE FOREST, CA 92630		
FEI Number	: 65-1193682	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
12655 NO CORAL G The above in the State	e of Florida.	8071 US	purpose of changing its register	red office or registered agent, or both,	
SIGNATU		nic Signature of Registered Ag	gent	 Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (MCQUIGGAN, 1 WILLOWGL COVE CANYO	ADE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (WAGGONER, 23 CELANO LAGUNA NIGU		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	TD () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MELINDA WAGGONER SD 01/21/2004