

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003668

FILED  
May 26, 2005  
Secretary of State

Entity Name: LENDERS DIRECT CAPITAL CORPORATION

**Current Principal Place of Business:**

26140 ENTERPRISE WAY, 2ND FLOOR  
LAKE FOREST, CA 92630

**New Principal Place of Business:**

**Current Mailing Address:**

26140 ENTERPRISE WAY, 2ND FLOOR  
LAKE FOREST, CA 92630

**New Mailing Address:**

FEI Number: 65-1193682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYMON, STEVEN E  
12655 NORTHWEST 17TH PLACE  
CORAL GABLES, FL 33071 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCQUIGGAN, MICHAEL J  
Address: 1 WILLOWGLADE  
City-St-Zip: COVE CANYON, CA 92679

Title: SD ( ) Delete  
Name: WAGGONER, MELINDA S  
Address: 23 CELANO  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: TD ( ) Delete  
Name: HSU, DANIEL  
Address: 911 S. LAURELWOOD LANE  
City-St-Zip: ANAHEIM, CA 92806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCQUIGGAN, MICHAEL J  
Address: 1 WILLOWGLADE  
City-St-Zip: DOVE CANYON, CA 92679

Title: SD (X) Change ( ) Addition  
Name: LABBE, ROBERT L  
Address: 7 IRONWOOD DR.  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MICHAEL MCQUIGGAN

PD

05/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date