## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # F03000005199

1. Entity Name

## SUMMIT INVESTMENTS LOAN CORPORATION



FILED Apr 06, 2006 8:00 am Secretary of State

04-06-2006 90023 025 \*\*\*150.00

Principal Place	e of Business	Mailing Address			1				
1949 PALOMAR OAKS WAY, SUITE A CARLSBAD CA 92009		1949 PALOMAR OAKS WAY, SUITE A CARLSBAD CA 92009							
2. Principal Place of Business		3. Mailing Address			_	#12 <b>3 N</b> EI <b>38</b> 188 NUT 88111 88111	BBIN B910 BBIEL BIIB	41 <b>     1   </b>	INNI 19 3801
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)				
City & State		City & State			4. FEI Number 33-0731455 Applied For Not Applicable				
Zip Country		Zip	Country		5. Certificate of Status Desired See Required				
	6. Name and Address of Currer	nt Registered Agent			7. Name and	d Address of New F			
				Name LIA					,
VALDEZ, ALEJO			,	FIF	MED	EL-JI			
3550	6 LANTA RD.	Street Ac			P.O. Box Numb	per is Not Acceptable  TAVA ROP	<b>1</b>		
LANTANA FL 33462					<u> </u>	1411 1501		•	
•				City / . 14 A	VTANA		FL	Zip Code	<u></u>
8 The above	named entity submits this statement	for the purpose of changing it	e register	ed office or registe	ered agent or bo	oth, in the State of Fl		riliar with	and accept
the obligat	ions of registered agent.	Tor the purpose or changing in	is registers	d office of registe	in Control of the	Sirt, in the State Sirt is	onoa. Tannan	miter with si	and docopt
	- 1 lace Adv			and.	1 - >				
SIGNATURE .	Signature, typed or printed name of registered ago	ent and title if applicable (NO	TE: Registere	d Agent signature purure	ed when reinstating)		DATE		
					<u> </u>	1			
A Marie Control of the Control	ILE NOW!!! FEE IS \$150.00					9. Election Camp	aign Financing	\$5.0	00 May Be
After May 1, 2006 Fee Will Be \$550.00  Make Check Payable to Florida Department of State						Trust Fund Cor	ntribution.	Adde	d to Fees
the tent of the board	The first of the same of the s	FACT 11 (4 (0))	1		A DODITIONIC	VOLIANOES TO OF	ICCOC AND O	DECTOR	2161.44
TITLE	P OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	CHANGES TO OFF		Change	Addition
NAME	ALAMEDDIN, NASSER K	LJ Delete	NAM	i			L	1 Change	LT Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	CARLSBAD CA 92009	JIL A		-ST-ZIP					
TITLE	V	☐ Delete	TITL				Г	Change	☐ Addition
NAME	AHMED, NADEEM	L. Delete	NAM				L.	_ Change	E ACCITION
STREET ADDRESS	1949 PALOMAR OAKS WAY, SI	JITF A		ET ADDRESS					
CITY-ST-ZIP	CARLSBAD CA 92009	511271	1	-ST-ZIP					
TITLE	S	☐ Delete	זוזנו			·		Change	Addition
NAME	WATERS, CARRIE	Las policio	NAM				_		
STREET AUDRESS	1949 PALOMAR OAKS WAY, SI	JITE A		ET ADDRESS				_	
CITY-ST-ZIP	CARLSBAD CA 92009		CITY	-ST-ZiP					
TITLE		□ Delete	TITLE	E			Г	Change	☐ Addition
NAME			NAM	ı			-		
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL					Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Alameddin

2-15-06

160-468-101

☐ Change

☐ Addition