


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

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

**DOCUMENT # F03000005199**

1. Entity Name  
**SUMMIT INVESTMENTS LOAN CORPORATION**



Principal Place of Business      Mailing Address  
**1949 PALOMAR OAKS WAY, SUITE A**      **1949 PALOMAR OAKS WAY, SUITE A**  
**CARLSBAD CA 92009**      **CARLSBAD CA 92009**

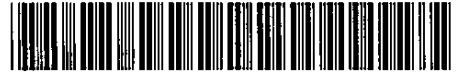
2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**33-0731455**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E034 (10/05)

**6. Name and Address of Current Registered Agent**  
**VALDEZ, ALEJO**  
**3556 LANTA RD.**  
**LANTANA FL 33462**

**7. Name and Address of New Registered Agent**  
 Name **HAMED EL-JILANI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3556 LANTANA ROAD**  
 City **LANTANA**      FL      Zip Code **33462**

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             DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	ALAMEDDIN, NASSER K	
STREET ADDRESS	1949 PALOMAR OAKS WAY, SUITE A	
CITY-ST-ZIP	CARLSBAD CA 92009	
TITLE	V	<input type="checkbox"/> Delete
NAME	AHMED, NADEEM	
STREET ADDRESS	1949 PALOMAR OAKS WAY, SUITE A	
CITY-ST-ZIP	CARLSBAD CA 92009	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATERS, CARRIE	
STREET ADDRESS	1949 PALOMAR OAKS WAY, SUITE A	
CITY-ST-ZIP	CARLSBAD CA 92009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  **Nasser Alameddin**      2-15-06      760-268-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #