


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90430 013 \*\*\*150.00

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # F03000005642</b><br>1. Entity Name<br><b>FLORIDA LOAN CENTER, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>1806 WEST 95TH STREET<br/>CHICAGO, IL 60643</b>  |   |   | Mailing Address<br><b>1806 WEST 95TH STREET<br/>CHICAGO, IL 60643</b>  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country  |  | 4. FEI Number<br><b>36-3777676</b><br>Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   |   |  | 04272006      Chg-P      CR2E034 (11/05)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROBINSON, TEMPLE<br/>153 CHICAGO WOODS CIRCLE<br/>ORLANDO, FL 32824</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6151 METRO WEST BLVD., #203</b><br>City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32835</b> |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PCD<br>DONALDSON, WILLIAM<br>2461 GLEN EAGLES DRIVE<br>OLYMPIA FIELDS, IL 60461 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>Temple Robinson</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><del>6151 Metro West Blvd. #203</del><br><del>Orlando, FL 32835</del> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>William Donaldson Jr.</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | 4/27/06      773-445-8522<br><small>Date      Daytime Phone #</small>  |  |  |

Accepted in error. Corrected 12/06/06

The intent was to change the R/A address,