

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

DOCUMENT # F04000003874



1. Entity Name  
M2 LOANS CORP.

Principal Place of Business  
1431 OPUS PLACE  
SUITE 410  
DOWNTON GROVE IL 60515

2. Principal Place of Business  
*Same As Above.*

Suite, Apt. #, etc.

3. Mailing Address

1431 OPUS PLACE  
SUITE 410  
DOWNTON GROVE IL 60515

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**75-2922394**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP  Delete  
NAME AZURE, JEROME S.  
STREET ADDRESS 4099 MCEWEN DRIVE  
CITY-ST-ZIP DALLAS TX 75224

TITLE Director & Chairman  Delete  
NAME Dominic Stramaglia  
STREET ADDRESS 220 East North Ave.  
CITY-ST-ZIP Villa Park, IL 60181

TITLE President & Secretary  Delete  
NAME Andrew Trakszelis  
STREET ADDRESS 1431 opus place, STE 410  
CITY-ST-ZIP Downers Grove, IL 60515

TITLE E.V.P & Treasurer  Delete  
NAME Vito DiPerte  
STREET ADDRESS 1431 opus Place, STE 410  
CITY-ST-ZIP Downers Grove, IL 60515

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-06 630-824-2120

Date

Daytime Phone #