2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005407

Entity Name: MORE2LEND FINANCIAL CORPORATION

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4952 WARNER AVE., SUITE 100 HUNTINGTON BEACH, CA 92649
4952 WARNER AVE., SUITE 201 HUNTINGTON BEACH, CA 92649

Current Mailing Address: New Mailing Address:

4952 WARNER AVE., SUITE 100 HUNTINGTON BEACH, CA 92649
4952 WARNER AVE., SUITE 201 HUNTINGTON BEACH, CA 92649

FEI Number: 33-0942627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US

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

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Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPDV () Delete Title: CPDV (X) Change () Addition

Name: MOORE, JOSEPH M Name: MOORE, JOSEPH M
Address: 4952 WARNER AVE., SUITE 100 Address: 4952 WARNER AVE., SUITE 201

City-St-Zip: HUNTINGTON BEACH, CA 92649 City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: VCDS () Delete Title: VCDS (X) Change () Addition

Name: HICKEY, HENRY Name: HICKEY, HENRY

Address: 4952 WARNER AVE., SUITE 100 Address: 4952 WARNER AVE., SUITE 201 City-St-Zip: HUNTINGTON BEACH, CA 92649 City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: T () Delete Title: T (X) Change () Addition

Name: HICKEY, HENRY Name: HICKEY, HENRY

Address: 4952 WARNER AVE., SUITE 100 Address: 4952 WARNER AVE., SUITE 201
City-St-Zip: HUNTINGTON BEACH, CA 92649 City-St-Zip: HUNTINGTON BEACH, CA 92649

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH MICHAEL MOORE P 01/11/2007