
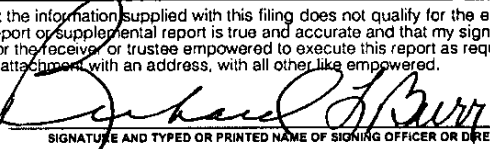


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 031 ***158.75

DOCUMENT # F05000006199 1. Entity Name TIMESHARELOANS.COM, INC.					
Principal Place of Business 2350 SOUTH JONES LAS VEGAS, NV 89146			Mailing Address 2350 SOUTH JONES LAS VEGAS, NV 89146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-3145163				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired XX				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP THOMPSON, PAUL K 3001 RED HILL AVE. 6-107 COSTA MESA, CA 92626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16842 Von Karman Ave. Ste 450 Irvine, CA 92606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV BURR, RICHARD L 3001 RED HILL AVE. 6-107 COSTA MESA, CA 92626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16842 Von Karman Ave. Ste 450 Irvine, CA 92606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURR, RICHARD L 3001 RED HILL AVE. 6-107 COSTA MESA, CA 92626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16842 Von Karman Ave. Ste 450 Irvine, CA 92606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, CHRISTINE H 3001 RED HILL AE. 6-107 COSTA MESA, CA 92626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16842 Von Karman Ave. Ste 450 Irvine, CA 92606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD L. BURR		1/17/06 949-231-1776 <small>Date Daytime Phone #</small>	