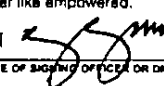


FILED
Feb 12, 2007 8:00 am
Secretary of State

01-08-2007 90247 017 *****8.75
02-12-2007 90087 037 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/8/20

DOCUMENT # F05000006500			
1. Entity Name P C LENDING INCORPORATED			
Principal Place of Business 2152 DUPONT DRIVE, SUITE 101 IRVINE, CA 92612		Mailing Address 2152 DUPONT DRIVE, SUITE 101 IRVINE, CA 92612	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 84-1645733		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$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 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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	CP STUCKEY, SAMUEL P 2152 DUPONT DRIVE, SUITE 101 IRVINE, CA 92612 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/CEO STUCKEY, DAN JOSEPH 2152 Dupont Drive, Suite 101 Irvine, CA 92612 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUCKEY, PATRICIA A 2152 DUPONT DRIVE, SUITE 101 IRVINE, CA 92612 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUCKEY, CHAD 2152 DUPONT DRIVE, SUITE 101 IRVINE, CA 92612 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARAGAN, CONSUELO B 2172 DUPONT DR., STE 101 IRVINE, CA 92612 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARAGAN, VITO S 2152 DUPONT DRIVE, SUITE 101 IRVINE, CA 92612 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: VITO S. CARAGAN 		1-3-07 (949) 975-8266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	