



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # J41599	
1. Entity Name ASSET BASED LENDING CONSULTANTS, INC.	

Principal Place of Business 1641 N. 71 TERR. HOLLYWOOD, FL 33024 US	Mailing Address 1641 N. 71 TERR. STE 124 HOLLYWOOD, FL 33024 US
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0022712	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARKE, DONALD F 395 NE 154 ST. MIAMI, FL 33162	DO NOT WRITE IN THIS SPACE
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 reinstating)

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

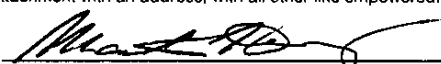
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARKE, HELGA 395 NE 154 STREET MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKE, DONALD 395 NE 154 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, DONALD F JR 395 NE 154 STREET MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARKE, SIMONE 395 NE 154 STREET MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CLARKE, DWIGHT 395 NE 154 STREET MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/26/07-80039-005 158.75

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:  **Martin Harris** **3/12/07 954-962-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #