2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 08:00 AN Secretary of State

ANNUAL REFURI			Secretary of State		
DOCUMENT # K75231 1. Entity Name					
PROSPECT FINANCE CORPORATION			and the second s		
Principal Place of Business M	ailing Address	The state of the s			
2570 FOREST HILL BLVD #103 2570 FOREST HILL BLVD #103 N PALM BEACH, FL 33406 W PALM BEACH, FL 33406		03			
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DO NOT WRITE IN THIS SPACE			01042006	No Chg-P	CR2E034 (11/05)
			4. FEI Numbe 65-010		Applied For Not Applicable
·				of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Regis	stered Agent		•		- · · · · · · · · · · · · · · · · · · ·
CARSON, WAYNE 2570 FOREST HILL BLVD 103 WEST PALM BCH, FL 33406				NOT WE	
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE				h, in the State of Florid	
Signature typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature requires			d when reinstading)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees		
10. OFFICERS AND DIRE				· 	7 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME ULRIKE, CARSON STREET ADDRESS 2570 FOREST HILL BLVD 103	₩.				
CITY-ST-ZIP WEST PALM BCH, FL 33406 TIME TS		-		01/10/06-8	30019-016 ISU.UU
NAME CARSON, WAYNE STREET ADDRESS 2570 FOREST HILL BLVD 103 CITY-ST-ZIP WEST PALM BCH, FL 33406					
TITLE NAME STREET ADDRESS	 		DO	NOT W	OITE
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NAME STREET ADDRESS CITY-ST-ZIP			IIV	iiio opi	NOL.
TITLE NAME	There is	1			
STREET ADDRESS CITY ST ZIP					

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: WHAT BYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME
STREET ADDRESS
CITY-ST-ZIP

5/6 56/6/24743