2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004
Secretary of State

DOCUMENT# N02000004704

Entity Name: ALL FLORIDA COMMUNITY LENDING INC.

Current Principal Place of Business:

818 MAGIC COVE LANE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

818 MAGIC COVE LANE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 81-0557285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERRY, MONIQUE
818 MAGIC COVE LANE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: DOUGLAS, LYNNELL
Address: 8787 SOUTHSIDE BLVD #716
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNELL DOUGLAS O 06/29/2004
Electronic Signature of Signing Officer or Director — Date