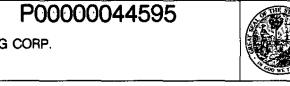
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

PARAMOUNT LENDING CORP.



Apr 25, 2003 8:00 am Secretary of State **FILED**

					VE TELS					
	ee of Business GOR BLVD. #5 FL 33919	13161	Mailing Address 13161 MCGREGOR BLVD. #5 FORT MYERS FL 33919							
2. Principal P	Place of Business	3. Maili	ng Address			- -		<u> </u>		
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	City & State			4. FEI Number 65-1004586			plied For t Applicable	
Zip	Country	Zip	Zip Cour					8.75 Additional se Required		
6. Name and Address of Current Registered Ager						7. Name and Address of New	w Registered Agent			
					Name					
	EDEVOOGD, CARRIE		Street A			dress (P.O. Box Number is Not Acceptable)				
	49TH TERR.	•					<u> </u>			
CAPE CO	RAL FL 33914									
· • · · · · · · · · · · · · · · · · · ·				City			ГЬ	p Code		
	named entity submits this ions of registered agent.	statement for the purpo	ose of changing its	s registered office o	r register	ed agent, or both, in the State of	Florida, I am familia	r with, a	and accept	
SIGNÅTURE .	Signature, typed or printed name of	egistered agent and title if appli	cable (NO	TE: Registered Agent signa	lure required	when reinstating)	DATE			
After	ILE NOW!!! FEE IS \$ r May 1, 2003 Fee will b c Payable to Florida Dep	e \$550.00				9. Election Campaign Trust Fund Contribu			May Be to Fees	
10.	OFF	ICERS AND DIRECTOR	RS	11.		ADDITIONS/CHANGES TO C	OFFICERS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD-VREDEVOOGD, 1808 SW 49TH TERR. CAPE CORAL FL 3391		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5h602	en Kotitschl d Drexel Lane Myers, Fl 33	Ke # 9-12	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT /	114e13, FC 30	□ CI	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			ci	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		□ CI	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		□ Ct	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ cı	 iange	Addition	
12. I hereby of indicated of the cor	certify that the information s on this report or supplementation or the receiver or t	upplied with this filing ontal report is true and a lustee and powered to	does not qualify for occurate and that secure this report	or the examption sta my signature shall h t ay required by Chi	ted in Se have the s apter 607	ction 119.07(3)(i), Florida Statute same legal effect as if made und , Florida Statutes; and that my na	es. I further certify that er oath; that I am an a ame appears in Block	t the inf officer o	formation or director Block 11 if	

SIGNATURE:

of the corporation or the received