2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004018

8486 RAMPART ROAD

JACKSONVILLE, FL 32244 US

Address:

City-St-Zip:

Entity Name: AFFORDABLE LENDING SOURCE CORP

FILED May 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1225 WEST BEAVER STREET 1225 WEST BEAVER STREET JACKSONVILLE, FL 32204 STE 124 JACKSONVILLE, FL 32204 **New Mailing Address: Current Mailing Address:** 818 MAGIC COVE LANE JACKSONVILLE, FL 32218 FEI Number: 26-0007899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TERRY, MONIQUE L 818 MAGIC COVE LANE JACKSONVILLE, FL 32218 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition TERRY, MONIQUE L Name: Name: 818 MAGIC COVE LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: () Delete Title: Title: () Change () Addition Name: EADY, RICHARD I Name: 11815 HIGH PLAINS DRIVE E. Address: Address: JACKSONVILLE, FL 32218 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition SUTTON, TARA V Name: SUTTON, TARA V Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

5850 GILCRIST ROAD

JACKSONVILLE, FL 32219 US

SIGNATURE: MONIQUE L. TERRY CEO 05/23/2006