2008 FOR PROFIT CORPORATION

FILED Apr 11, 2008 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P02000015504** 1. Entity Name PINNACLE LENDING GROUP, INC. Principal Place of Business Mailing Address 902 CLINT MOORE ROAD 902 CLINT MOORE ROAD **SUITE 108** SUITE 108 BOCA RATON, FL 33487 BOCA RATON, FL 33487 No Chg-P CR2E034 (11/05) 03182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0597056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MAYOR, SANDRA M 17824 VILLA CLUB WAY BOCA RATON, FL 33496 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MAYOR, SANDRA M NAME STREET ADDRESS 17824 VILLA CLUB WAY U00000891307 CITY - ST - ZIP BOCA RATON, FL 33496 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP