

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State


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05172005 Chg-P CR2E034 (10/03)

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| DOCUMENT # P02000061561 | |  | |
| 1. Entity Name DIVERSIFIED CAPITAL LENDING CORP. | | | |
| Principal Place of Business 4699 N. FEDERAL HWY, #108 POMPANO BEACH, FL 33064 | | Mailing Address 4699 N. FEDERAL HWY, #108 POMPANO BEACH, FL 33064 | |
| 2. Principal Place of Business 456 TANNVIEW STREET | | 3. Mailing Address 456 TANNVIEW STREET | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State WEST JEFFERSON, NC | | City & State West Jefferson, NC | |
| Zip 28694 | Country USA | Zip 28694 | Country USA |
| 4. FEI Number 01-0710066 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOSSE, CHRISTOPHER 4699 N. FEDERAL HWY, #108 POMPANO BEACH, FL 33064 | | 7. Name and Address of New Registered Agent Name: Bosse, Christopher Street Address (P.O. Box Number is Not Acceptable): 1431 SW 82 Lane City: Plantation FL Zip Code: 33317 | |
| 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:  | | DATE: 5/16/05 | |
| FILE NOW!!! FEE IS \$350.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOSSE, CHRISTOPHER 4699 N. FEDERAL HWY, #108 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bosse, Christopher 456 TANNVIEW STREET WEST JEFFERSON, NC 28694 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | Date: 5/16/05 Daytime Phone: 336-846-1731 | |