

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000073181

FILED
Aug 21, 2006
Secretary of State**Entity Name:** SPECTRUM LENDING CORPORATION**Current Principal Place of Business:**4614 5TH AVE. S.
A
ST. PETERSBURG, FL 33711**New Principal Place of Business:**215 49TH STREET SOUTH
ST. PETERSBURG, FL 33707**Current Mailing Address:**4614 5TH AVE. S.
A
ST. PETERSBURG, FL 33711**New Mailing Address:**215 49TH STREET SOUTH
ST. PETERSBURG, FL 33707**FEI Number:** 81-0559394**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, THOMAS E
4614 5TH AVE. S.
A
ST. PETERSBURG, FL 33711 US**Name and Address of New Registered Agent:**SMITH, THOMAS E
215 49TH STREET SOUTH
ST. PETERSBURG, FL 33707 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

08/21/2006

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: SMITH, THOMAS E
Address: 4614 5TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33711**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: SMITH, THOMAS E
Address: 215 49TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707**Title:** V.P. () Change (X) Addition
Name: DYER, JACKIE
Address: 215 49TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33707

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.

SIGNATURE: THOMAS E. SMITH

Electronic Signature of Signing Officer or Director

P

08/21/2006

Date