

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90166 006 \*\*\*150.00

<b>DOCUMENT # P02000088281</b> 1. Entity Name SOUTH ATLANTIC LENDERS (FLORIDA), INC.																											
Principal Place of Business 1955 CLIFF VALLEY WAY, SUITE 110 ATLANTA, GA 30329		Mailing Address P.O. BOX 942224 ATLANTA, GA 31141																									
2. Principal Place of Business 1955 CLIFF VALLEY WAY Suite, Apt. #, etc. # 122		3. Mailing Address PO Box 942224 Suite, Apt. #, etc. ATLANTA																									
City & State ATLANTA GA		City & State GEORGIA																									
Zip 30329 Country		Zip 31141 Country																									
4. FEI Number 02-0638405		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NUNN, TIMOTHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1955 CLIFF VALLEY WAY, SUITE 110</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ATLANTA, GA 30329</td> <td></td> </tr> </table>		TITLE	DPST	<input type="checkbox"/> Delete	NAME	NUNN, TIMOTHY		STREET ADDRESS	1955 CLIFF VALLEY WAY, SUITE 110		CITY-ST-ZIP	ATLANTA, GA 30329		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Timothy Nunn</u> Pres Date: <u>12/31/05</u>																											

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