2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 12, 2004 8:00 am **DOCUMENT # P02000092008** Secretary of State 1. Entity Name 05-12-2004 90204 032 ***550.00 AFFINITY LENDERS INC. Principal Place of Business Mailing Address 4790 FIRST-STREET NORTH 6316 BLACKBERRY LANE ETUITIUT BRADENTON, FL 34202 US Suite two ST. PETERSBURG, FL 33703 -- US 2. Principal Place of Business 3. Mailing Address 6150 State Road 70 East Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Cho-P CR2E034 (10/03) 25 Applied For City & State City & State 4. FEI Number 38-3660890 Not Applicable Bradenton, Florida Country \$8.75 Additional 5. Certificate of Status Desired 34203 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET MIAMI BEACH, FL 33139 Zip Code FI 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 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 FILÉ NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. TITLE PRS ☐ Delete TITLE ☐ Change ☐ Addition WALSER, ROGER PRES. NAME NAME STREET ADDRESS 6316 BLACKBERRY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 ☐ Delete TITLE Change Addition TITLE ZIELENBACH, CHRIS J VICEPR. NAME NAME 4736 COOPER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33565 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP CITY-ST-ZIP _t. ☐ Delete , c... ☐ Change ☐ Addition TITLE TITLE भद्रश्चेक क हुन 🗸 NAME getting at lad NAME HEAN Me ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 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.

OFFICER OR DIRECTOR

FILED

Davrime Phone #