

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106649

FILED
Jan 17, 2007
Secretary of State

Entity Name: SUMMIT CAPITAL LENDING, INC.

Current Principal Place of Business:

185 NW SPANISH RIVER BIRD, #200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

185 NW SPANISH RIVER BIRD, #200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 01-0747306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, SCOTT
Address: 185 NW SPANISH RIVER
City-St-Zip: BOCA RATON, FL 33431

Title: VD () Delete
Name: PRUZAN, JARED
Address: 185 NW SPANISH RIVER BLVD
City-St-Zip: BOCA RATON, FL 33431

Title: SD () Delete
Name: PRUZAN, EVAN
Address: 185 NW SPANISH RIVER BLVD
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: SHAW, JARED
Address: 185 NW SPANISH RIVER BLVD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT SHAW

PD

01/17/2007

Electronic Signature of Signing Officer or Director

Date