## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000117734

Name:

Address: City-St-Zip: EVANS, BRUCE

20780 SNUGCREEK

BOCA RATON, FL 33498

FILED Feb 19, 2004 Secretary of State

Entity Nar	me: 1ST FINA	NCIAL LENDING GROUP, IN	IC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
560 LINTO DELRAY E	N BLVD BEACH, FL 33	444					
Current Mailing Address:			New Maili	New Mailing Address:			
	OUSEL CIRCL TON, FL 3343						
FEI Number:	36-4511750	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
9597 CAR	BAUM, ROBE OUSEL CIRCL TON, FL 3343	E NORTH					
The above in the State	named entity : e of Florida.	submits this statement for the	purpose of changing	ts registere	ed office or registered agent, or bot	ːh,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered Ag	ent		Date	_	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PHIRSICHBAU	EL CIRCLE NORTH	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP ( ) PHSON, JAY 18123 BLUE LA BACO RATON,		Title: Name: Address: City-St-Zip:	VP JOSEPHSO 18123 BLU BACO RAT	E LANE WAY		
Title:	Т ()	Delete	Title:		( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT PHIRSOICHBAUM PRES 02/19/2004