2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117734

Entity Name: 1ST FINANCIAL LENDING GROUP, INC.

FILED Feb 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20035 PALM ISLAND DR 660 LINTON BLVD BOCA RATON, FL 33498

202

DELRAY BEACH, FL 33444

Current Mailing Address: New Mailing Address:

9597 CAROUSEL CIRCLE NORTH 20035 PALM ISLAND DR BOCA RATON, FL 33434 BOCA RATON, FL 33498

FEI Number: 36-4511750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHIRSICHBAUM, ROBERT PHIRSICHBAUM, ROBERT 9597 CAROUSEL CIRCLE NORTH 20035 PALM ISLÂND DR BOCA RATON, FL 33434 BOCA RATON, FL 33498 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: ROBERT PHIRSICHBAUM 02/14/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PHIRSICHBAUM, ROBERT PHIRSICHBAUM, ROBERT Name: Name: 9597 CAROUSEL CIRCLE NORTH 20035 PALM ISLAND DR Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33498

Title: VΡ Title: () Delete () Change () Addition

JOSEPHSON, JAY Name: Name: 18123 BLUE LANE WAY Address: Address: BACO RATON, FL City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

EVANS, BRUCE Name: Name: 20780 SNUGCREEK Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MURRAY, BRIAN Name: Name: Address: 19 MAPLE AVE Address: City-St-Zip: FARMINGDALE, NY 11735 City-St-Zip:

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.

SIGNATURE: ROBERT PHIRSICHBAUM 02/14/2005 D