
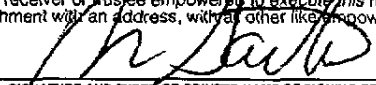


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | | | |
|---|---|--|--|
| DOCUMENT # P03000018263 1. Entity Name ACTIVE LENDING CORP. | |  | |
| Principal Place of Business 1718 NORTH FEDERAL HIGHWAY LAKE WORTH, FL 33460 | | Mailing Address 1718 NORTH FEDERAL HIGHWAY LAKE WORTH, FL 33460 | |
| <p>DO NOT WRITE IN THIS SPACE</p> | | | |
| 6. Name and Address of Current Registered Agent SARTA, RICHARD A 1718 NORTH FEDERAL HIGHWAY LAKE WORTH, FL 33460 | | <p>DO NOT WRITE IN THIS SPACE</p> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 000000411570 02/10/06-R0012-013 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SARTA, RICHARD 1718 N FEDERAL HWY LAKE WORTH, FL 33460 | <p>DO NOT WRITE IN THIS SPACE</p> | |
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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, without other like empowered. | | | |
| SIGNATURE:  | | 1-24-06 561-586-6161 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |