

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90289 023 ***150.00

DOCUMENT # P03000111830
 1. Entity Name
 TOTAL LENDING CENTER, INC.



Principal Place of Business
 10204 SIENA OAKS CIRCLE S
 PALM BEACH GARDENS, FL 33410

Mailing Address
 10204 SIENA OAKS CIRCLE S
 PALM BEACH GARDENS, FL 33410



2. Principal Place of Business
 10204 SIENA OAKS CIRCLES

3. Mailing Address
 10204 SIENA OAKS CIRCLES

Suite, Apt. #, etc.

03102004 Chg-P CR2E034 (10/03)

City & State
 PALM BEACH GARDENS, FL

City & State
 PALM BEACH GARDENS, FL

Zip
 33410

Country
 USA

Zip
 33410

Country
 USA

4. FEI Number
 20-0267782

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEILL, PEGGY S
 10204 SIENA OAKS CIRCLE S
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: 4-14-04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D-P	<input type="checkbox"/> Delete
NAME NEILL, PEGGY S	
STREET ADDRESS 10204 SIENA OAKS CIRCLE S	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE SEC/TREAS	<input type="checkbox"/> Delete
NAME JAMES L. NEILL	
STREET ADDRESS 10204 SIENA OAKS CIRCLES.	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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.

SIGNATURE: James L. Neill 4-14-04 561-799-3652
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #