2008 FOR PROFIT CORPORATION

FILED Apr 11, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P04000056959** CHASE EQUITY LENDING CORP. Principal Place of Business Mailing Address 11234 BLACK FOREST TRAIL 11234 BLACK FOREST TRAIL RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 04072008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 77-0629982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBY, GEORGE A DO NOT WRITE 11234 BLACK FOREST TRAIL RIVERVIEW, FL 33569 IN THIS SPACE 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 ed name of registioned agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ROBY, GEORGE A NAME 11234 BLACK FOREST TRAIL STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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, with all other like empowered

SIGNATURE: __

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR