


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90016 024 \*\*\*150.00

<b>DOCUMENT # P04000085880</b> 1. Entity Name <b>LIBERTY LOANS, INC</b>					
Principal Place of Business <b>12701 S JOHN YOUNG PKWY STE 214 ORLANDO, FL 32837</b>			Mailing Address <b>12701 S JOHN YOUNG PKWY STE 214 ORLANDO, FL 32837</b>		
2. Principal Place of Business <b>12701 S John Young Pkwy</b> Suite, Apt. #, etc. <b>#214</b> City & State <b>Orlando FL</b> Zip <b>32837</b>		3. Mailing Address <b>12701 S John Young Pkwy</b> Suite, Apt. #, etc. <b>#214</b> City & State <b>Orlando FL</b> Zip <b>32837</b>			
4. FEI Number <b>20-1191533</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AVELLAN, JAIME J 12506 BRAXTED DRIVE ORLANDO, FL 32837</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>04-04-2006</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AVELLAN, JAIME J</b> <b>12506 BRAXTED DRIVE</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>AVELLAN, JULIA M</b> <b>12506 BRAXTED DRIVE</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AVELLAN, JULIA M</b> <b>12506 BRAXTED DRIVE</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AVELLAN, JAIME J</b> <b>12506 BRAXTED DRIVE</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-04-06 (407) 856-4988 <small>Date Daytime Phone #</small>		

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