## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000115702

Entity Name: MAITLAND MORTGAGE LENDING COMPANY

FILED Jan 05, 2007 Secretary of State

	Principal Place of Business:	New Principal Place of Business:
SUITE 21	NTLAND AVE. 8 ID, FL 32751	
Current I	Mailing Address:	New Mailing Address:
	NTLAND AVE., SUITE 218 ID, FL 32751	
FEI Numbe	er: 20-1454338 FEI Number Applied Fo	r ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name an	d Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
2044 CHÍ MAITLAN	JEFFERY L PRES. PPEWA TRAIL ID, FL 32751 US	
The abov	e named entity submits this statement	for the purpose of changing its registered office or registered agent, or both,
in the Sta	te of Florida. <sup>*</sup>	ior and parpose of changing the registered circle of registered agent, or bear,
in the Sta SIGNATL	te of Florida.	
in the Sta	te of Florida.	
in the Sta	te of Florida.	red Agent Date
in the Sta SIGNATU	te of Florida.  JRE:  Electronic Signature of Registe	red Agent Date
in the Sta SIGNATU	te of Florida.  JRE:  Electronic Signature of Registe ampaign Financing Trust Fund Contribution  RS AND DIRECTORS:  PD () Delete FULLER, JEFFERY L 235 S MAITLAND AVE., SUITE 218	ered Agent Date
in the Star SIGNATL Election Ca OFFICER Title: Name: Address:	te of Florida.  JRE:  Electronic Signature of Registe  ampaign Financing Trust Fund Contribution  RS AND DIRECTORS:  PD () Delete  FULLER, JEFFERY L  235 S MAITLAND AVE., SUITE 218  MAITLAND, FL 32751  DS () Delete  ADAMS, ROBERT A  235 S MAITLAND AVE., SUITE 218	Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEFFERY L. FULLER PD 01/05/2007