2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145971

Entity Name: MCB COMMERCIAL LENDING CORP.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	MARCO RD SLAND, FL 34	1145			
Current N	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
	MARCO RD SLAND, FL 34	1145			
FEI Number	: 75-3172095	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	., JAMIE B DLLIER BLVD BLAND, FL 34	1145 US			
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Ca	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (COFER, JOHN 242 GRAPEW MARCO ISLAN	OOD CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MCLAUGHLIN 278 MAIN ST OLD TOWN, M		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SKONE, E. TE 245 WATERS MARCO ISLAI	IDE CIR #202	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FEDOR, BRU 28171 WINTH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GREUSEL, JA 1104 N COLLI MARCO ISLAI	ER BLVD	Title: Name: Address: City-St-Zin	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMIE B. GREUSEL D 04/27/2005