2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007
Secretary of State

DOCUMENT# P04000167433

Entity Name: COMMONWEALTH LENDING CORPORATION

Current Principal Place of Business:

940 CENTRE CIRCLE
3002
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

940 CENTRE CIRCLE
3002
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 83-0414354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, PETER
940 CENTRE CIRCLE
3002
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTVS ( ) Delete
Name: GRAHAM, PETER L
Address: 940 CENTRE CIRCLE, SUITE 3002
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PETER GRAHAM PRES 08/02/2007

Electronic Signature of Signing Officer or Director Date