
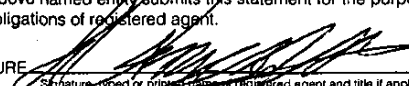
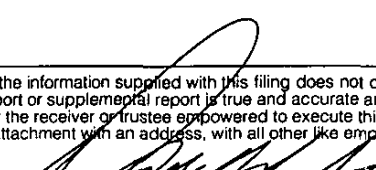


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90012 004 ***158.75

DOCUMENT # P05000016568 1. Entity Name WORLD-TRUST LENDING INC					
Principal Place of Business 1323 LAFAYETTE STREET SUITE B CAPE CORAL, FL 33904			Mailing Address 1323 LAFAYETTE STREET SUITE B CAPE CORAL, FL 33904		
2. Principal Place of Business 3660 Central Ave.		3. Mailing Address 3660 Central Ave.			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1			
City & State Ft Myers, FL		City & State Ft Myers, FL			
Zip 33901		Country USA		Zip 33901	
Country USA		4. FEI Number 22-2254084			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ALLISON, DARRELL 1721 SW 52ND STREET CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Darrell Allison (SAME) 2214 SE 10th Ter Cape Coral FL 33990		
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.					
SIGNATURE 				DATE 2-27-06	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR ALLISON, DARRELL 1721 SW 52ND STREET CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR Darrell Allison (SAME) 2214 SE 10th Ter Cape Coral, FL 33990
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 				DATE 2-27-06 (239) 357-5057	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					