## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000080674

Entity Name: BLUE MARBLE LENDING, INC.

FILED Jaņ 03, 2<u>00</u>7 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5463 W. WATERS AVE., SUITE #830 TAMPA, FL 33634 US **Current Mailing Address: New Mailing Address:** 5463 W. WATERS AVE., SUITE #830 TAMPA, FL 33634 UŚ FEI Number: 20-2939411 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORGAN, KELLY 5463 W WATERS AVE STE 830 TAMPA, FL 33634 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MORGAN, KELLY Name: Name: 5463 W WATERS AVE STE 830 Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: **VPSD** Title: Title: () Delete () Change () Addition Name: DIPAOLO, JOSEPH Name: 11604 MERIDIAN POINT DR. Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: Title: VPTD (X) Delete () Change () Addition MURRAY, MICHAEL Name: Name: 12029 TUSCANY BAY DR. #202 Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: **VPD** (X) Delete Title: () Change () Addition STEINGRABER, MATTHEW Name: Name: Address: 4802 DARLINGTON RD Address: City-St-Zip: HOLIDAY, FL 34690 City-St-Zip: Title: (X) Delete Title:

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: KELLY MORGAN 01/03/2007

MCCLACHLAN, MARC D

TAMPA, FL 33626

11602 MERIDIAN POINT DRIVE

Name:

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