

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080674

FILED
Jan 03, 2007
Secretary of State

Entity Name: BLUE MARBLE LENDING, INC.

Current Principal Place of Business:

5463 W. WATERS AVE., SUITE #830
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5463 W. WATERS AVE., SUITE #830
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 20-2939411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, KELLY
5463 W WATERS AVE STE 830
TAMPA, FL 33634 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORGAN, KELLY
Address: 5463 W WATERS AVE STE 830
City-St-Zip: TAMPA, FL 33634

Title: VPSD () Delete
Name: DIPAOLO, JOSEPH
Address: 11604 MERIDIAN POINT DR.
City-St-Zip: TAMPA, FL 33626

Title: VPTD (X) Delete
Name: MURRAY, MICHAEL
Address: 12029 TUSCANY BAY DR. #202
City-St-Zip: TAMPA, FL 33626

Title: VPD (X) Delete
Name: STEINGRABER, MATTHEW
Address: 4802 DARLINGTON RD
City-St-Zip: HOLIDAY, FL 34690

Title: VP (X) Delete
Name: MCCLACHLAN, MARC D
Address: 11602 MERIDIAN POINT DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: KELLY MORGAN

_____ Electronic Signature of Signing Officer or Director

P

01/03/2007

_____ Date