2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103372

WRIGHT, KRYSTLE R

CORAL SPRINGS, FL 33075

P.O. BOX 8381

Name:

Address:

City-St-Zip:

Entity Name: E.W. FINANCIAL LENDING SERVICES, INC.

FILED May 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6848 N. UNIVERSITY DRIVE TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** P. O BOX 8381 CORAL SPRINGS, FL 33075 FEI Number: 61-1490901 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: LAW OFFICES OF TEISHA A. POWELL, P.A. 2701 NW BOCA RATON BLVD BOCA RATON, FL 33431 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WRIGHT, EGLON W Name: Name: P. O. BOX 8381 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33075 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: WRIGHT, KRISTINE R Name: P.O. BOX Address: Address: CORAL SPRINGS, FL 33075 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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:

SIGNATURE: EGLON W. WRIGHT P 05/03/2006