

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90117 046 ***150.00

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02222006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000108319					
1. Entity Name PEOPLE'S FIRST MORTGAGE AND LENDING, INC.					
Principal Place of Business 407 EAST CRYSTAL LAKE STREET ORLANDO, FL 32806			Mailing Address 407 EAST CRYSTAL LAKE STREET ORLANDO, FL 32806		
2. Principal Place of Business 2868 S. Osceola Ave Suite, Apt. #, etc.		3. Mailing Address 2868 S Osceola Ave Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-3250207	
Zip 32806		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MICHAEL 407 EAST CRYSTAL LAKE STREET ORLANDO, FL 32806			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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: <i>Michael Wilson</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WILSON, MICHAEL			NAME	
STREET ADDRESS	407 EAST CRYSTAL LAKE STREET			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP	
TITLE	VP	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CRYSTAL, MATTHEW			NAME	
STREET ADDRESS	850 PINE VIEW AVE			STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955			CITY-ST-ZIP	
TITLE	Sec/Treas.	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REC, Cable			NAME	
STREET ADDRESS	615 White River Drive			STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32828			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Michael Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	