2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108319

Entity Name: PEOPLE'S FIRST MORTGAGE AND LENDING, INC.

FILED Apr 27, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	CEOLA AVE), FL 32896					
Current M	ailing Addres	ss:	New Maili	New Mailing Address:		
	CEOLA AVE), FL 32896					
FEI Number:	20-3250207	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
WILSON, MICHAEL 407 EAST CRYSTAL LAKE STREET ORLANDO, FL 32806 US			407 EAST	WILSON, MICHAEL A 407 EAST CRYSTAL LAKE STREET ORLANDO, FL 32806 US		
	named entity see of Florida.	submits this statement for the p	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE: MICHAEL	. A WILSON			04/27/2007	
	Electror	ic Signature of Registered Ag	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	WILSON, MICH	STAL LAKE STREET	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () CRYSTAL, MAT 850 PINE VIEW ROCKLEDGE,	/ AVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition RICCI, CAROLE 615 WHITE RIVER DR ORLANDO, FL 32828		
Title: Name: Address: City-St-Zip:	RICCI, CABLE 615 WHITE RIV		Title: Name: Address: City-St-Zip:	T RICCI, CABL 615 WHITE F ORLANDO, F	RIVER DR	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	WILSON, MIC	RYSTAL LAKE ST	

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A WILSON P 04/27/2007