

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90015 028 ***150.00

DOCUMENT # P05000141924	
1. Entity Name CITILEND, INC.	



Principal Place of Business 17027 WEST DIXIE HWY 106 AVENTURA, FL 33160	Mailing Address 17027 WEST DIXIE HWY 106 AVENTURA, FL 33160
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2. Principal Place of Business 2221 NE 164th Street Suite, Apt. #, etc. 296	3. Mailing Address 2221 NE 164th Street Suite, Apt. #, etc. 296
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City & State N. Miami Beach, FL	City & State N. Miami Beach, FL
Zip 33160	Zip 33160
Country U.S.A	Country U.S.A



05232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent WALGATES, INC. 2221 NE 164TH STREET #296 NORTH MIAMI BEACH, FL 33160	
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4. FEI Number 56-2536280	Applied For (Not Applicable)
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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	DATE 5-23-06

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP DESPEINES, WALLACE O 2221 NE 164TH STREET #296 NMB, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Joseph A. Hilaire 1217 Forest Glen Road Silver Spring, MD 20901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC ROGER, KAREN 13780 N. MIAMI AVE BISCAYNE GARDENS, FL 33168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	DATE 5-23-06 786-487-5058