2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000149969

Entity Name: UNITED NATIONS LENDING CORP.

FILED Sep 25, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

163 SW OAKRIDGE DR 850 NW FEDERAL HIGHWAY

PORT ST LUCIE, FL 34984 235

STUART, FL 34994

Current Mailing Address: New Mailing Address:

850 NW FEDERAL HIGHWAY 163 SW OAKRIDGE DR

PORT ST LUCIE, FL 34984 STUART, FL 34994

FEI Number: 20-3776668 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:

BILLIARD, WILLIAM BILLIARD, WILLIAM

163 SW ÓAKRIDGE DR 850 NW FEDERAL HIGHWAY

PORT ST LUCIE, FL 34984 US STUART, FL 34994 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: WILLIAM BELLIARD 09/25/2006

> 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:

() Delete Title: (X) Change () Addition

Title: BILLIARD, WILLIAM BILLIARD, WILLIAM Name: Name: 163 SW OAKRIDGE DR 850 NW FEDERAL HIGHWAY Address: Address: City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: STUART, FL 34994

() Delete Title: DVP Title: DVP (X) Change () Addition

MILIAN, OSMANY Name: Name: MILIAN, OSMANY

163 SW OAKRIDGE DR Address: 850 NW FEDERAL HIGHWAY Address: PORT ST LUCIE, FL 34984 STUART, FL 34994 City-St-Zip: 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: WILLAIM BELLIARD DP 09/25/2006