2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156942

Entity Name: SUMMIT LENDING PARTNERS INC.

FILED Feb 17, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

5501 NORTH UNIVERSITY DRIVE, SUITE 104 5501 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067

SUITE 104

CORAL SPRINGS, FL 33067

Current Mailing Address: New Mailing Address:

5501 NORTH UNIVERSITY DRIVE, SUITE 104 5501 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067

STE. 104 CORAL SPRINGS, FL 33067

FEI Number: 20-3864850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GONZALEZ, ALLEN SOSA, DAVID

5501 NORTH UNIVERSITY DRIVE, SUITE 104 5501 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067 STE. 104 CORAL SPRINGS, FL 33067 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: DAVID SOSA 02/17/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: SOSA, MIREYA Name: Name: SOSA, DAVID

6184 NW 56TH TERRACE 6184 NW 56TH TERRACE Address: Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: PARKLAND, FL 33067

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

GONZALEZ, ALLEN Name: Name: SOSA, MIREYA

2946 CRESTWOOD TERR 5501 N. UNIVERSITY DRIVE STE. 104 Address: Address: MARGATE, FL 33063 CORAL SPRINGS, FL 33076 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.

Ρ SIGNATURE: DAVID SOSA 02/17/2006