

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

01-19-2007 90032 050 ***150.00

DOCUMENT # P06000057172 1. Entity Name EQUITY ONE LENDING GROUP, INC.			
Principal Place of Business 2300 N.E. 11TH STREET SUITE 1000 HALLANDALE, FL 33009		Mailing Address P.O. BOX 3604 HALLANDALE, FL 33008	
2. Principal Place of Business - No P.O. Box # 20801 BISCAYNE BLVD		3. Mailing Address Suite, Apt. #, etc. 4th Floor	
City & State Aventura Florida		City & State Aventura Florida	
Zip 33180	Country U.S.A	Zip 33180	Country U.S.A
6. Name and Address of Current Registered Agent FREEDBERG, TODD 2300 N.E. 11TH STREET SUITE 1000 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Todd Freedberg Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD 4th Floor City Aventura FL Zip Code 33180	
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 Todd Freedberg Pres. <i>[Signature]</i> DATE 1-15-07 <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, 2007 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 President <input type="checkbox"/> Delete NAME Todd Freedberg STREET ADDRESS 20801 BISCAYNE BLVD 4th Floor CITY-ST-ZIP Aventura FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 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>[Signature]</i> Todd Freedberg		Date 1-15-07 Daytime Phone # 986-923-5918	