


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90027 018 \*\*\*150.00

<b>DOCUMENT # P06000081760</b>	
1. Entity Name <b>FLORIDA LENDING PARTNERS CORP</b>	

Principal Place of Business <b>1006 FOUNTAIN RUN NAPLES, FL 34119</b>	Mailing Address <b>1006 FOUNTAIN RUN NAPLES, FL 34119</b>
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2. Principal Place of Business - No P.O. Box # <b>3463 Pine Ridge Rd.</b>	3. Mailing Address <b>3463 Pine Ridge Rd.</b>
Suite, Apt. #, etc. <b>101.</b>	Suite, Apt. #, etc. <b>101.</b>

City & State <b>NAPLES, FL</b>	City & State <b>NAPLES, FL</b>
Zip <b>34109.</b>	Country <b>USA</b>

**40051583**

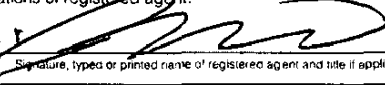


04032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>LAVERDE, JAIRO G 1006 FOUNTAIN RUN NAPLES, FL 34119</b>	
7. Name and Address of New Registered Agent Name <b>KATHERINE LAVERDE.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3463 Pine Ridge Rd. STE 101.</b> City <b>NAPLES.</b> FL Zip Code <b>34109.</b>	

4. FEI Number <b>20-5055377.</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 	<b>KATHERINE LAVERDE.</b>	DATE <b>04/02/07.</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAVERDE, JAIRO G</b>		NAME <b>LAVERDE KATHERINE.</b>	
STREET ADDRESS <b>1006 FOUNTAIN RUN</b>		STREET ADDRESS <b>3463 PINE RIDGE Rd STE 101.</b>	
CITY-ST-ZIP <b>NAPLES, FL 34119</b>		CITY-ST-ZIP <b>NAPLES, FL 34109.</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUIDRY, CATHERINE</b>		NAME	
STREET ADDRESS <b>1006 FOUNTAIN RUN</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL 34119</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.	
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SIGNATURE 	<b>KATHERINE LAVERDE</b>	DATE <b>04/02/07</b>	DAYTIME PHONE <b>(209) 273-5287</b>
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