

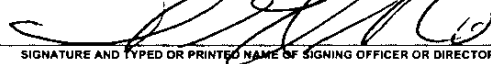


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 22 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000124176			
1. Entity Name DIRECT LOAN LENDING GROUP INCORPORATED			
Principal Place of Business 2121 WEST PENSACOLA STREET 1A TALLAHASSEE, FL 32304		Mailing Address 2121 WEST PENSACOLA STREET 1A TALLAHASSEE, FL 32304	
2. Principal Place of Business - No P.O. Box # 2236 CAPITAL CIRCLE NW Suite, Apt. #, etc. 205		3. Mailing Address 2236 CAPITAL CIRCLE NW Suite, Apt. #, etc. 205	
City & State TALLAHASSEE, FLORIDA		City & State TALLAHASSEE, FLORIDA	
Zip 32308	Country USA	Zip 32308	Country USA
4. FEI Number 205616036		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, ALFRED 2121 WEST PENSACOLA STREET 1A TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name GRAHAM, ALFRED Street Address (P.O. Box Number is Not Acceptable) 2236 CAPITAL CIRCLE NW #205 City TALLAHASSEE FL Zip Code 32308	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, ALFRED 2121 WEST PENSACOLA STREET TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, ALFRED 2236 CAPITAL CIRCLE NW TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICH, INGRID 2121 WEST PENSACOLA STREET TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICH, INGRID 2236 CAPITAL CIRCLE NW TALLAHASSEE, FL 32308 <input checked="" 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	200111491332 10/30/07--01025--006 **150.00 <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
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: 		10/22/07 89-3856267	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	