2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P07000086648

Entity Name: CREATIVE LENDING GROUP, INC.

Current Principal Place of Business:

1189 HYPOLUXO ROAD
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

1189 HYPOLUXO ROAD
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 26-0719234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OSTROW, JEFFREY M
350 EAS LAS OLAS BLVD.
980
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

OSTROW, JEFFREY M
200 SW 1ST AVENUE
1200
FORT LAUDERDALE, FL 33301 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: _____ 04/25/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VOGEL, THOMAS A
Address: 305 SOUTH ANDREWS AVENUE, #301
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: D ( ) Delete
Name: BAVELIS, GEORGE A
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: D ( ) Delete
Name: CLARKSON, PETER
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: D ( ) Delete
Name: ALBRIGHT, DAVID
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VOGEL, THOMAS A
Address: 305 S ANDREWS AVENUE, #126
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CLARKSON, PETER DR
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM A SCHOFIELD CFO 04/25/2008
Electronic Signature of Signing Officer or Director — Date