2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000033827

City-St-Zip:

ATLANTA, GA 30350

FILED May 15, 2006 Secretary of State

Entity Name: COMMUNITY LOANS OF AMERICA, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8601 DUNV SUITE 406	WOODY PLA	ACE				
ATLANTA,	FL 30350	US				
Current Mailing Address:			New Maili	New Mailing Address:		
8601 DUNWOODY PLACE SUITE 406						
ATLANTA,	FL 30350	L 30350 US				
FEI Number:	65-0491204	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
BANK OF A 50 N. LAUF	D, DANA G I AMERICA TO RA STREET, /ILLE, FL 32	OWER SUITE 2200	1200 S. PI	CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324		
The above in the State		submits this statement for the pu	rpose of changing i	ts registered offi	ice or registered agent, or both,	
SIGNATUR	E: CT COF	RPORATION		05/15/2006		
	Electro	onic Signature of Registered Agen	t	Date		
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	REICH, ROBE	OODY PLACE, SUITE 406	Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title: Name: Address: City-St-Zip:	MCCLOSKEY	OODY PL, STE 506	Title: Name: Address: City-St-Zip:	SEC (X) C TERRY, FIELDS 8601 DUNWOOD ATLANTA, GA 30	Y PL, STE 506	
Title: Name: Address:	FIELDS, TER) Delete RY E OODY PL, STE 406	Title: Name: Address:	() 0	Change () Addition	

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.

City-St-Zip:

SIGNATURE: TERRY E. FIELDS SEC 05/15/2006