.2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Jan 18, 2007 08:00 AM Secretary of State

| DOCUMENT # P9600000506 1. Entity Name EASY FINANCE, INC. | | | | | Secretary of Sta | | | |
|--|---|--|--|---|---------------------------|-------------------|--|--|
| Principal Plac | e of Business | Mailing Address | | | 1 | | | |
| 3345 FOWLER ST FORT MYERS, FL 33901 3345 FOWLER ST FORT MYERS, FL 3390 | | | 901 | | | | | |
| 2. Principal P | flace of Business - No PO Box# | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01082007 Chg-P | | CR2E034 (12/06) | | |
| City & State | | City & State | | | 4. FEI Number 65-06416 | 399 | | oplied For |
| Zip | Country | Zıp | Countr | у | 5. Certificate of | • | \$8.75 Add | itional |
| | 6. Name and Address of Current | t Registered Agent | | | 7. Name and A | ddress of New R | egistered Agent | |
| OLANT? | OVA/EAL | | | Name | | | | |
| | OWEN M BEACH BLVD. ERS, FL 33916 | | | Street Address (| P O. Box Number | is Not Acceptable | 9) | 1 |
| | | | | | | • | | |
| | | | ł | City | | | FL Zip Cod | е |
| the obligat | ions of registered agent. Signature Typed or puritied refine of retirefored appen | of and liftle if applicable (N | OTE Registered | Agent signature required | d when reinstating) | | DAIF | |
| SIGNATURE. | • | 9. Election Camp | paign Financ | oing _ \$5 | .00 May Be led to Fees | | | |
| the obligate SIGNATURE. FIL After Ma | Signature Typed or printed name of registered agree E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. OFFICERS AND | 9. Election Camp Trust Fund Co | paign Financontribution. | oing _ \$5 | .00 May Be led to Fees | HANGES TO OFF | ICERS AND DIRECTOR | |
| the obligat SIGNATURE_ FIL After M: 10. THE | Signature Typed or printed name of repistered appearance E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. OFFICERS AND | 9. Election Camp | paign Financontribution. | eing \$5 | .00 May Be led to Fees | HANGES TO OFF | | S IN 11 |
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12. Thereby certify that the information supplied with this titing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Further certify that I am 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 filter like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 239-694-4222 Dayrore Proce #