2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045976

LEEZER, JULIE

14840 HIDDEN OAKS CIRCLE

() Delete

CLEARWATER, FL 33764

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: BAY LENDING CORPORATION

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3900 1ST STREET, NO. ST PETERSBURG, FL 33703 US **Current Mailing Address: New Mailing Address:** 3900 1ST STREET, NO. ST. PETERSBURG, FL 33703 US FEI Number: 59-3384123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COCHRAN, MITCHELL H 2061 HAWÁII AVE NE ST. PETERSBURG, FL 33703 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition COCHRAN, MITCHELL H COCHRAN, MITCHELL H Name: Name: 2061 HAWAII AVE NE 2061 HAWAII AVE NE Address: Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL 33703 US Title: Title: (X) Change () Addition () Delete Name: COCHRAN, REBECCA L Name: COCHRAN, REBECCA L 2061 HAWAII AVE NE 2061 HAWAII AVE NE Address: Address: ST. PETERBURG, FL ST. PETERBURG, FL 33703 US City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ (X) 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

LEEZER, JULIE

SULLIVAN, JILL A

VΡ

2021 KANSAS AVENUE NE

7843 4TH AVENUE SOUTH

ST. PETERSBURG, FL 33707 US

CLEARWATER, FL 33703 US

() Change (X) Addition

SIGNATURE: REBECCA L. COCHRAN SEC 01/24/2006