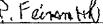
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 08:00 AM DOCUMENT # P98000049999 **Secretary of State** SUSQUEHANNA LIEN SERVICES, INC. Principal Place of Business Mailing Address 13320 SW 128TH STREET 13320 SW 128TH STREET MIAMI, FL 33186 MIAMI, FL 33186 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2841568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SINGER, DAVID HESQ. DO NOT WRITE 13320 SW 128TH STREET MIAMI, FL 33186 IN THIS SPACE 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privide name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. RITLE NAME FEINSMITH, PATRICIA % DAVID H. SINGER 13320 SW 128TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 U00000474081 04/04/06-20003-023 150.08 SITLE NAME STREET ADDRESS CITY-ST-278 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-ZIP

12. (hereby certify that the information supplied with this filling 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 507, 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.

NAME STREET ADDRESS CITY-ST-ZIP



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

305-253-8503

Daytime Phone #

FILED