

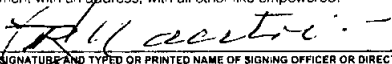


Jan 3
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**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V64886 1. Entity Name IMPERIAL LENDERS CORP.			
Principal Place of Business 275 FONTAINBLEAU BLVD. SUITE 225 MIAMI, FL 33172 US		Mailing Address 275 FONTAINBLEAU BLVD. SUITE 225 MIAMI, FL 33172 US	
DO NOT WRITE IN THIS SPACE			
		01102008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0358757	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MAESTRI, RAUL 275 FONTAINBLEAU BLVD. SUITE 225 MIAMI, FL 33172		DO NOT WRITE 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 familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD MAESTRI, RAUL SR 275 FOUNTAINBLEAU BLVD. MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAESTRI, RAUL JR 275 FONTAINBLEAU BLVD. MIAMI, FL 33172		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing 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 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 other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	