



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 130444		2. Name of Corporation Mid-Atlantic Finance Co., Inc.		
3. Street Address Principal Business Office 15500 Lightwave Drive #201		City Clearwater	State FL	Zip 33760
4. Business Phone No. 727-535-1554		5. State of Incorporation FLORIDA		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE AND MANAGE LOAN APPLICATIONS				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Kevin Hawkins		Vice President Name Dwayne Hawkins		
Street Address 15500 Lightwave DR #201		Street Address 15500 Lightwave Dr. #201		
City Clearwater	State FL	Zip 33760	City Clearwater	State FL
Secretary Name Thomas J. Schmidt		Treasurer Name Thomas J. Schmidt		
Street Address 15500 Lightwave DR #201		Street Address 15500 Lightwave DR #201		
City Clearwater	State FL	Zip 33760	City Clearwater	State FL
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Kevin Hawkins - Chairman		Director Name Dwayne Hawkins - Chairman		
Street Address 15500 Lightwave DR #201		Street Address 15500 Lightwave DR #201		
City Clearwater	State FL	Zip 33760	City Clearwater	State FL
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
110,000 COMM \$.10 PAR VALUE			1,000	Comm
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



130444

File Date **1-18-05**
Check No. **66928**
By: **AK**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Thomas J. Schmidt** Date **1/17/05**
Print or Type Name of Officer
Thomas J. Schmidt
Title of Officer **CFO / Secretary**



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100,000 common non voting				-0-	
				non voting	
				.1000	
				.1000	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date **FILED**
Check No. **AUG 05 2004**
By: **By M40268**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including my accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Thomas J. Schmidt** Date
Print or Type Name of Officer **Thomas J. Schmidt**
Title of Officer **Secretary / CFO**