

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF

FILE NUMBER

Bobby Black, Inc.

(Name of Corporation)

C17869-2004

FOR THE FILING PERIOD OF

July 05

TO

July 07

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

Cane Clark LLP
3273 E Warm Springs Rd
Las Vegas, NV 89120

A FORM TO CHANGE RESIDENT AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE: secretaryofstate.biz

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to resident agent.)

1. Print or type names and addresses either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors and all directors must be named. Have an Officer sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the filing fee. Fee is based upon the current total authorized stock as explained on the Annual List Fee Schedule for Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
5. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
6. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.
7. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

CHECK ONLY IF APPLICABLE

This corporation is a publicly traded corporation. The Central Index Key number is:

This publicly traded corporation is not required to have a Central Index Key number.

NAME		TITLE(S)	
Robert Schwarz		PRESIDENT (OR EQUIVALENT OF)	
ADDRESS	CITY	ST	ZIP
21163 Newport Coast Dr. Suite 161	Newport Coast	CA	92657
NAME		TITLE(S)	
Robert Schwarz		SECRETARY (OR EQUIVALENT OF)	
ADDRESS	CITY	ST	ZIP
21163 Newport Coast Dr. Suite 161	Newport Coast	CA	92657
NAME		TITLE(S)	
Robert Schwarz		TREASURER (OR EQUIVALENT OF)	
ADDRESS	CITY	ST	ZIP
21163 Newport Coast Dr. Suite 161	Newport Coast	CA	92657
NAME		TITLE(S)	
Robert Schwarz		DIRECTOR	
ADDRESS	CITY	ST	ZIP
21163 Newport Coast Dr. Suite 161	Newport Coast	CA	92657

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Title Date

X Signature of Officer

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

SAVANNAH CORP.

FOR THE PERIOD JUL 2006 TO 2007. DUE BY JUL 31, 2006.



C19167-2002

The Corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

CANE CLARK LLP
3273 E WARM SPRINGS RD
LAS VEGAS NV 89120

** PLEASE NOTE: YOU MAY NOW FILE YOUR ANNUAL LIST ONLINE AT WWW.SECRETARYOFSTATE.BIZ **

FILING FEE:

\$175

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. An officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional directors, attach a list of them to this form.
3. Return the completed form with the filing fee shown above. A \$75 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE - AS SHOWN ABOVE PENALTY: \$75.00

Check all that apply:

- This corporation is a publicly-traded corporation. If so, Central Index Key number is: _____
- This publicly-traded corporation is not required to have a Central Index Key number.

NAME		TITLE(S)			
JAN WALLACE		PRESIDENT (OR EQUIVALENT OF)			

P.O. BOX	ADDRESS	CITY	ST.	ZIP
6929 E CHENEY		PARADISE VALLE AZ		85253

NAME		TITLE(S)			
JAN WALLACE		SECRETARY (OR EQUIVALENT OF)			

P.O. BOX	ADDRESS	CITY	ST.	ZIP
6929 E CHENEY		PARADISE VALLE AZ		85253

NAME		TITLE(S)			
JAN WALLACE		TREASURER (OR EQUIVALENT OF)			

P.O. BOX	ADDRESS	CITY	ST.	ZIP
6929 E CHENEY		PARADISE VALLE AZ		85253

NAME		TITLE(S)			
JAN WALLACE		DIRECTOR			

P.O. BOX	ADDRESS	CITY	ST.	ZIP
6929 E CHENEY		PARADISE VALLE AZ		85253

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Signature of Officer

Date

01CSSA5 (Rev 01/05)

**INITIAL LIST OF MANAGER OR MANAGING MEMBERS AND
RESIDENT AGENT OF**

FILE NUMBER

SECURED LENDING LLC



(Name of Limited-Liability Company)

E0430962006-4

FOR THE FILING PERIOD OF JUN, 2006 TO JUN, 2007 Due by Jul 31, 2006

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

CANE CLARK LLP
3273 E. WARM SPRINGS RD
LAS VEGAS NV 89120

CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

1. Print or type names and addresses, either residence or business, for all managers or members. A Manager, or if none, a **Managing Member of the company** must sign the form.
FORM WILL BE RETURNED IF UNSIGNED
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the last day of the first month following the incorporation/initial registration.
4. Make your check payable to the **Secretary of State**. Your cancelled check will constitute a certificate to transact business. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 897014201, (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the first month following the incorporation/initial registration date. (Postmark date is not accepted as receipt date.)
Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00

LATE PENALTY: \$75.00

NAME <u>Jan Wallace</u>	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS <u>5205 East Lincoln Drive</u>	CITY <u>Paradise Valley</u>	ST <u>AZ</u>	ZIP <u>85253</u>
NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP

I declare to the best of my knowledge under penalty of perjury that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330 it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member

Title Manager

Date

Nevada Secretary of State Form Initial LIST-LLC 2003

Revised on 06/24/03