## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED DOCUMENT # F03000003435 04 APR -5 PM 3: 10 LENDER'S INVESTMENT CORP. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2755 BRISTOL STREET STE. 100 2755 BRISTOL STREET STE. 100 COSTA MESA, CA 92626 COSTA MESA, CA 92626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01172004 Chg-P City & State City & State 4. FEI Number Applied For 75-2997125 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE RESEARCH SOLUTIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 N. DUVAL STREET TALLAHASSEE, FL 32303 City Zip Code 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\_Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SMITH, KERRY M NAME NAME STREET ADDRESS 2755 BRISTOL STREET STE. 100 STREET ADDRESS CITY-ST-7/P COSTA MESA, CA 92626 CITY-ST-7P <del>-100033226.</del> 04/21/04--01011--017 Addition TITLE Delete TELLE NAME MARTIN, SEAN NAME 2755 BRISTOL STREET STE. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COSTA MESA, CA 92626 CITY-ST-ZIP TITLE Delete Change | ☐ Addition POMMIER, ROBERT NAME NAME 2755 BRISTOL STREET STE. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COSTA MESA, CA 92626 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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. KERRY M SMITH SIGNATURE: