

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005389

Entity Name: LENDARM, INC.

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

955 HORSHAM RD.
201
HORSHAM, PA 19044

New Principal Place of Business:

Current Mailing Address:

955 HORSHAM RD.
201
HORSHAM, PA 19044

New Mailing Address:

FEI Number: 54-2158892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.
2333 HANSEN LANE
SUITE 3
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

02/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MILLER, KATHERINE
Address: 955 HORSHAM RD. STE 201
City-St-Zip: HORSHAM, PA 19044

Title: CD () Delete
Name: MILLER, KATHERINE
Address: 955 HORSHAM RD. SUITE 201
City-St-Zip: HORSHAM, PA 19044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE MILLER

PST

02/07/2008

Electronic Signature of Signing Officer or Director

Date