2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F05000007122



FILED Jan 28, 2008 08:00 AN Secretary of State

AMERICAN LENDING NETWORK, INC.

Principal Place of Business

1256 S. STATE #24 OREM, UT 84097

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

1256 S. STATE #24 OREM, UT 84097



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	distributed in the property of the second of			5. Certificate	of Status Desired		5 Additional tequired	
	6. Name and Address of Current Regis	stered Agent			a Shaif of the	Programme Constitution		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					NOT W	. 4		
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. 1 am familiar with, and accept								
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed hatte or registered again and line	ii applicable (NOTE nagistere	d Agent signature /	equired when reliablishing)	· · · · · · · · · · · · · · · · · · ·	Deit		
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			~ _	\$5.00 May Be Added to Fees	9000007 01 /20 /00-4	798699 90040-002	1ምሮ በሙ	
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12. I hereby certify that the information supplied with this filling 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.								