2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# F06000004807

Entity Name: ARISTA LENDING SOLUTIONS INC

Current Principal Place of Business:

100 MAIN STREET SUITE 250
DOVER, NH 03820

New Principal Place of Business:

Current Mailing Address:

100 MAIN STREET SUITE 250
DOVER, NH 03820

New Mailing Address:

FEI Number: 56-2470944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPS ( ) Delete
Name: NAPOLITANO, NICHOLAS
Address: 16 CHASE HILL DR
City-St-Zip: WESTBROOK, ME 04092

Title: VCVP ( ) Delete
Name: STANLEY, HEAHTER
Address: 10 WILLIAM RD S
City-St-Zip: BERWICK, ME 03908

Title: T ( ) Delete
Name: STANLEY, HEAHTER
Address: 10 WILLIAM RD S
City-St-Zip: BERWICK, ME 03908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCVP (X) Change ( ) Addition
Name: STANLEY, HEATHER
Address: 10 WILLIAM RD S
City-St-Zip: BERWICK, ME 03908

Title: T (X) Change ( ) Addition
Name: STANLEY, HEATHER
Address: 10 WILLIAM RD S
City-St-Zip: BERWICK, ME 03908

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS NAPOLITANO CPS 01/25/2007

Electronic Signature of Signing Officer or Director Date