2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
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:

383 CENTRAL AVE
SUITE LL70
DOVER, NH 03820

Current Mailing Address:

100 MAIN STREET SUITE 250
DOVER, NH 03820

New Mailing Address:

383 CENTRAL AVE
SUITE LL70
DOVER, NH 03820

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, HEATHER
Address: 10 WILLIAM RD S
City-St-Zip: BERWICK, ME 03908

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ROBISON, DAVID G
Address: 38 BEAVER DAM ROAD
City-St-Zip: SOUTH BERWICK, ME 03908

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: DAVID ROBISON P 04/09/2008

Electronic Signature of Signing Officer or Director — Date