


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90082 009 ***158.75

DOCUMENT # G83735		
1. Entity Name LENDERS' ASSISTANCE CORPORATION		

Principal Place of Business 95-B W. JERSEY ST. ORLANDO, FL 32806 US	Mailing Address 1940 OAKMONT TERRACE CORAL SPRINGS, FL 33071
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40046668

2. Principal Place of Business - No P.O. Box # 1801 UNIVERSITY DR	3. Mailing Address Suite, Apt. #, etc. # 208
City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33071	Country US



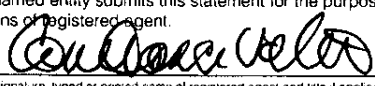
03272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HESS GEORGE F II ESQ 2000 RIVERWALK PLAZA 333 N NEW RIVER DR E FT. LAUDERDALE, FL 33301	
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4. FEI Number 65-0048890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Constance Y. Valenti Street Address (P.O. Box Number is Not Acceptable) 1940 OAKMONT TERR City CORAL SPRINGS FL Zip Code 33071	
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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  CONSTANCE VALENTI - soc. 3/27/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTI, PHILIP 1940 OAKMONT TERRACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALENTI, CONSTANCE Y 1940 OAKMONT TERRACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.	
SIGNATURE:  CONSTANCE Y VALENTI - 3/27/07 954 7529382 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #