

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102389

Entity Name: INVESTORS LENDING, INC.

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

387 NW SHOREVIEW DRIVE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

387 NW SHOREVIEW DR  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 65-1053691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, STUART H  
387 NW SHOREVIEW DR.  
PORT ST. LUCIE, FL 34986 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: D ( ) Delete  
Name: COHEN, STUART  
Address: 387NW SHOREDRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D ( ) Change (X) Addition  
Name: KAROLEV, PATRICIA L  
Address: 16390 SE 47TH AVE  
City-St-Zip: SUMMERFIELD, FL 34491

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: PATRICIA L. KAROLEV

D

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date