2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 07, 2005 8:00 am Secretary of State DOCUMENT # P01000035495 01-07-2005 90001 048 ***150 00 AMERICA'S BEST LENDING NETWORK, INC. Principal Place of Business Mailing Address 6261 NW 6TH AVE **6261 NW 6TH AVE** 50000326STE 202 STE 202 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01042005 Applied For 4. FEI Number City & State City & State Not Applicable 22-3799865 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent BARASH, KENNETH Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6TH AVE. FORT LAUDERDALE, FL 33309 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) . . **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE **⊠** Delete TITLE BARASH , KENNETH NAME BARASH, KENNETH NAME 6261 NW 6th Avenue Soite 802 STREET ADDRESS 15936 DOUBLE EAGLE TR STREET ADDRESS Lauderdale CITY-ST-ZIP DELRAY BCH, FL 33446 CITY-ST-ZIP ☐ Addition TITLE. Delete TITLE BARASH, PAUL E 6261 NW GIN AVENUE, Suite 202 NAME BARASH, PAUL E NAME STREET ADDRESS 6421 N.W. 41ST STREET STREET ADDRESS Ft. Lauderdole, FL 33309 CITY-ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with his fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied entail report is true and accorded 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 employered 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

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