
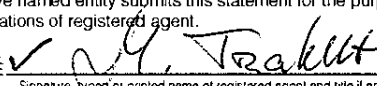
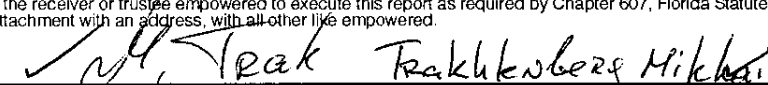


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90330 044 \*\*\*150.00

<b>DOCUMENT # P03000009042</b> 1. Entity Name <b>THE LENDING SPECIALIST GROUP, INC.</b>																													
Principal Place of Business 1773 FOUR MILE COVE PARKWAY 1117 CAPE CORAL, FL 33990				Mailing Address 1773 FOUR MILE COVE PARKWAY 1117 CAPE CORAL, FL 33990																									
2. Principal Place of Business <b>1104 SE 46 Lane</b> Suite, Apt. #, etc. <b>Suite #1</b> City & State <b>Cape Coral FL</b> Zip <b>33904</b> Country <b>Lee</b>				3. Mailing Address <b>Same</b> Suite, Apt. #, etc.  City & State  Zip Country																									
4. FEI Number <b>22-3892771</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02112004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent <b>TRAKHTENBERG, MIKHAIL</b> <b>1773 FOUR MILE COVE PARKWAY</b> <b>1117</b> <b>CAPE CORAL, FL 33990</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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  DATE <b>4-15-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>TRAKHTENBERG, MIKHAIL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1773 FOUR MILE COVE PARKWAY, APT. 1117</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	TRAKHTENBERG, MIKHAIL	<input type="checkbox"/>	STREET ADDRESS	1773 FOUR MILE COVE PARKWAY, APT. 1117		CITY-ST-ZIP	CAPE CORAL, FL 33990		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>TRAKHTENBERG, MIKHAIL</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1104 SE 46 Lane unit 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL FL 33904</td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME	TRAKHTENBERG, MIKHAIL	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	1104 SE 46 Lane unit 1		CITY-ST-ZIP	CAPE CORAL FL 33904	
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12. I hereby certify that the information supplied with this filing 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 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 life empowered.																													
SIGNATURE:  <b>Trakhtenberg Mikhail</b> <b>413-04. 573-5107</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													