2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052080

Name:

Address: City-St-Zip:

Entity Name: RESIDENTIAL LENDING NETWORK, INC.

FILED Jan 05, 2009 Secretary of State

	ringinal Blace	of Buciness	Now Prin	ainal Blace	of Buciness:	
Current Principal Place of Business:				New Principal Place of Business:		
1350 E. NEWPORT CENTER DRIVE SUITE 101				5481 NORTH UNIVERSITY DRIVE SUITE 102		
DEERFIELD BEACH, FL 33442				CORAL SPRINGS, FL 33067		
Current M	lailing Addres	ss:	New Mail	ing Addres	s:	
1350 E. NEWPORT CENTER DRIVE			5481 NORTH UNIVERSITY DRIVE			
SUITE 101 DEERFIELD BEACH, FL 33442			SUITE 102 CORAL SPRINGS, FL 33067			
FEI Number	: 06-1695115	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	PRINGS, FL 3					
in the State	e of Florida.	submits this statement for the	purpose of changing	its registere	d office or registered agent, or bo	
in the State	e of Florida. ´ RE:			its registere		
in the State SIGNATUI	e of Florida. [*] RE: <u>Electror</u>	submits this statement for the nic Signature of Registered Acg Trust Fund Contribution ().		its registere	d office or registered agent, or bo	
in the State SIGNATUI	e of Florida. [*] RE: <u>Electror</u>	nic Signature of Registered Ao	gent			
in the State SIGNATUI	e of Florida. RE: Electror mpaign Financin S AND DIREC	nic Signature of Registered Ao	gent		Date	
in the State SIGNATUI Election Car OFFICER: Title: Name:	e of Florida. RE: Electror mpaign Financin S AND DIREC P (D'AGOSTINO,	nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete KERI	gent ADDITIO	NS/CHANG P GALAZZI, V	Date ES TO OFFICERS AND DIRECT (X) Change () Addition VAYNE	
in the State SIGNATUI Election Car OFFICER: Title: Name: Address:	e of Florida. RE: Electron mpaign Financin S AND DIREC P (D'AGOSTINO, 1350 E. NEWP	nic Signature of Registered Agg Trust Fund Contribution (). TORS:	gent ADDITIO	N S/CHANG P GALAZZI, V 5481 NORT	Date ES TO OFFICERS AND DIRECT (X) Change () Addition	
in the State SIGNATUI Election Car OFFICER:	e of Florida. RE: Electror mpaign Financin S AND DIREC P (D'AGOSTINO, 1350 E. NEWP DEERFIELD B	nic Signature of Registered Aggregature of Registered Aggregature of Registered Aggregature (). TORS: Delete KERI ORT CENTER DRIVE SUITE 101	gent ADDITION Title: Name: Address:	N S/CHANG P GALAZZI, V 5481 NORT	Date ES TO OFFICERS AND DIRECT (X) Change () Addition VAYNE TH UNIVERSITY DRIVE SUITE 102	
in the State SIGNATUI Election Car OFFICERS Title: Name: Address: City-St-Zip: Title: Name:	e of Florida. RE: Electror mpaign Financin S AND DIRECT P (D'AGOSTINO, 1 1350 E. NEWP DEERFIELD B S (SHANAHAN, JC	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete KERI ORT CENTER DRIVE SUITE 101 EACH, FL 33442) Delete DHN V	gent ADDITIO Title: Name: Address: City-St-Zip: Title: Name:	NS/CHANG P GALAZZI, V 5481 NORT CORAL SP D SHANAHAN	Date ES TO OFFICERS AND DIRECT (X) Change () Addition VAYNE H UNIVERSITY DRIVE SUITE 102 RINGS, FL 33067 (X) Change () Addition , JOHN V	
in the State SIGNATUI Election Car OFFICER: Title: Name: Address: City-St-Zip:	e of Florida. RE: Electror mpaign Financin S AND DIREC P (D'AGOSTINO, 1 1350 E. NEWP DEERFIELD B. S (SHANAHAN, JC 1350 E. NEWP	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete KERI ORT CENTER DRIVE SUITE 101 EACH, FL 33442) Delete	gent ADDITIO Title: Name: Address: City-St-Zip: Title:	NS/CHANG P GALAZZI, V 5481 NORT CORAL SP D SHANAHAN 5481 NORT	Date ES TO OFFICERS AND DIRECT (X) Change () Addition VAYNE H UNIVERSITY DRIVE SUITE 102 RINGS, FL 33067 (X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

PATRICK, SHANAHAN

CORAL SPRINGS, FL 33067

5481 NORTH UNIVERSITY DRIVE SUITE 102

SIGNATURE: PATRICK SHANAHAN S 01/05/2009