


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000065278**

1. Entity Name  
**LENDINGHOPE, INC.**



Principal Place of Business      Mailing Address

**110 E. ATLANTIC AVE #200**      **110 E. ATLANTIC AVE #200**  
**DELRAY BEACH, FL 33444**      **DELRAY BEACH, FL 33444**

**DO NOT WRITE IN THIS SPACE**



01122005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**11-3693027**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVPS
NAME	CALIENDO, PHILLIP A
STREET ADDRESS	110 E. ATLANTIC AVE #200
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	CALIENDO, PHILLIP A
STREET ADDRESS	110 E. ATLANTIC AVE #200
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	T
NAME	HARVEY, CRYSTAL
STREET ADDRESS	110 E. ATLANTIC AVE #200
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000183534  
01/19/05-80072-009 150.00

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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 like empowerers.

SIGNATURE: **PHILLIP A. CALIENDO** - *Phillip A. Caliendo*      1/12/05    561-208-2044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #