


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 110 E. ATLANTIC AVE #200 DELRAY BEACH, FL 33444	Mailing Address 110 E. ATLANTIC AVE #200 DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3693027	<input type="checkbox"/> Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

DO NOT WRITE IN THIS SPACE

1100000183534
01/19/05-80072-009 150.00

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 #