

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90045 019 \*\*\*150.00

<b>DOCUMENT # P04000093413</b> 1. Entity Name <b>NORTHSTAR LENDERS, INC.</b>					
Principal Place of Business <b>4421 BEE RIDGE RD. (RM)</b> <b>SARASOTA, FL 34233</b>			Mailing Address <b>4421 BEE RIDGE RD. (RM)</b> <b>SARASOTA, FL 34233</b>		
2. Principal Place of Business <b>6151 LAKE OSPREY DR.</b> Suite, Apt. #, etc. <b>3RD FLOOR</b> City & State <b>SARASOTA, FL.</b> Zip <b>34240</b> Country <b>USA</b>		3. Mailing Address <b>SAME - 6151 LAKE OSPREY DR.</b> Suite, Apt. #, etc. <b>3RD FLOOR</b> City & State <b>SARASOTA, FL.</b> Zip <b>34240</b> Country <b>USA</b>			
4. FEI Number <b>90-0181602</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>MILLS, RUSSELL K. (RM)</b> <b>3032 YELLOWSTONE CIR. 373 AVENIDA MADERA</b> <b>SARASOTA, FL 34233 SARASOTA, FL.</b> <b>34242</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <u>Russell K. Mills - PRESIDENT</u> <u>Russell K. Mills</u> <u>7/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D - PRESIDENT</b> <input type="checkbox"/> Delete	NAME <b>MILLS, RUSSELL K. (RM)</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>MADERA</b>	
STREET ADDRESS <b>3032 YELLOWSTONE CIR.</b>	CITY-ST-ZIP <b>SARASOTA, FL 34233</b>		STREET ADDRESS <b>373 AVENIDA MADERA</b>	CITY-ST-ZIP <b>SARASOTA, FL 34240</b>	
TITLE <b>VICE - PRESIDENT</b> <input type="checkbox"/> Delete	NAME <b>VANDERVEEN, DAVID</b>		TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>VANDERVEEN, DAVID</b>	
STREET ADDRESS <b>1028 MARLIN LAKES CIR. #1016</b>	CITY-ST-ZIP <b>SARASOTA, FL 34232</b>		STREET ADDRESS <b>1028 MARLIN LAKES CIR. #1016</b>	CITY-ST-ZIP <b>SARASOTA, FL 34232</b>	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
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 empowered.					
SIGNATURE: <u>Russell K. Mills - PRESIDENT</u> <u>7/21/05 - 941-373-1320</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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