2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/8/2006-90002-021-$550.00-$550.00

FILED

06 SEP 28 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000134963

1. Entity Name

LENDERS SUPPORT INC.

Principal Place of Business	Mailing Address
324 N. DALE MABRY HWY., STE. 203 TAMPA FL 33609	324 N. DALE MABRY HWY., STE. 203 TAMPA FL 33609

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1674380 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, DEBORA
324 N. DALE MABRY HWY., STE. 203
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name: Angie Selvey

Street Address (P.O. Box Number is Not Acceptable): 324 N. Dale Mabry Hwy, Ste 203

City: Tampa FL Zip Code: 33609

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: Angela Selvey Angie Selvey — DATE: 9/26/06

(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CARTER, NANCY 324 N. DALE MABRY HWY., STE. 203 TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ~~Angie Selvey~~ / Angie Selvey — 9/5/06 — 813-282-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nancy Carter 9/26/06

JC 9/29