

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 15, 2006  
Secretary of State**

DOCUMENT# P05000081347

Entity Name: TRUST LENDING SERVICES, INC

**Current Principal Place of Business:**

8900 SW 117 AVE., C-206  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

8900 SW 117 AVE., C-206  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 54-2175137      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUGLIUZZA, CHARLES R  
381 N. KROME AVE  
SUITE 205  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: CAMPORINO, ADA M  
Address: 2805 SW 129 AVE.  
City-St-Zip: MIAMI, FL 33175

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CAMPORINO, HUMBERTO  
Address: 2805 SW 129 AVE.  
City-St-Zip: MIAMI, FL 33175

Title: VPD ( ) Change (X) Addition  
Name: CAMPORINO, ADA M  
Address: 2805 SW 129 AVE  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ADA CAMPORINO

VPD

03/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date