

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103372

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** E.W. FINANCIAL LENDING SERVICES, INC.

**Current Principal Place of Business:**

6848 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

P. O BOX 8381  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

**FEI Number:** 61-1490901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF TEISHA A. POWELL, P.A.  
2701 NW BOCA RATON BLVD  
STE 215  
BOCA RATON, FL 33431 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WRIGHT, EGLON W  
Address: P. O. BOX 8381  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VP  
Name: WRIGHT, KRISTINE R  
Address: P.O. BOX  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: T  
Name: WRIGHT, KRYSTLE R  
Address: P.O. BOX 8381  
City-St-Zip: CORAL SPRINGS, FL 33075

I hereby 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 all other like empowered.

SIGNATURE: EGLON WRIGHT

P

04/29/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date