

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155016

Entity Name: AM LENDING, INC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Current Mailing Address:

4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

New Principal Place of Business:

9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108 US

New Mailing Address:

9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108 US

FEI Number: 20-3881927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SALVATORI, WOOD, BUCKEL & WEIDENMILLER
9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108 US

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: LEO J. SALVATORI

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KLAUZ, HEINZ
Address: C/O 4001 TAMIAMI TRAIL N STE 330
City-St-Zip: NAPLES, FL 34103 US

Title: VP () Delete
Name: SHEVLIN, ROBERT E JR.
Address: 5904 NORTHRIDGE DRIVE
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: KLAUZ, HEINZ
Address: C/O 9132 STRADA PLACE, FOURTH FLOOR
City-St-Zip: NAPLES, FL 34108 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HEINZ KLAUZ

PST

03/30/2009

Electronic Signature of Signing Officer or Director

Date