

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082840

FILED
Apr 28, 2009
Secretary of State

Entity Name: LOAN RESOURCE PARTNERS, INC.

Current Principal Place of Business:

1500 WESTON RD., SUITE 200-33
WESTON, FL 33326 US

New Principal Place of Business:

1500 WESTON RD., SUITE 200
WESTON, FL 33326 US

Current Mailing Address:

1245 JASMINE CIRCLE
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 26-0970574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERRERA, TAMARA E
1245 JASMINE CIRCLE
WESTON, FL 33326 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: PS () Delete
Name: HERRERA, TAMARA E
Address: 1245 JASMINE CIRCLE
City-St-Zip: WESTON, FL 33326 US

Title: D () Delete
Name: HERRERA, ROBERT
Address: 1245 JASMINE CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: HERRERA, ROBERT
Address: 1245 JASMINE CIRCLE
City-St-Zip: WESTON, FL 33326

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: TAMARA E. HERRERA

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date