2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# P08000066823

Entity Name: TRIMENS LENDING SERVICES, INC.

Current Principal Place of Business:

266 WILSHIRE BLVD.
115
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

266 WILSHIRE BLVD.
115
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, DAISYLYN
3445 DEER OAK CIRCLE
OVIEDO, FL 32766 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: P ( ) Delete
Name: GRANT, DAISYLYN
Address: 3445 DER OAK CIRCLE
City-St-Zip: OVIEDO, FL 32766

Title: S ( ) Delete
Name: GRANT, MAXINE
Address: 200 W. 54TH STREET, APT. 10L
City-St-Zip: NEW YORK, NY 10019 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAISYLYN GRANT P 04/26/2009

Electronic Signature of Signing Officer or Director — Date