

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000015611

FILED  
Sep 20, 2011  
Secretary of State

Entity Name: LENDWORKS, INC.

**Current Principal Place of Business:**

5904 COLT DRIVE  
WEST DES MOINES, IA 50266

**New Principal Place of Business:**

2650 STEEPLECHASE RD  
DAVIE, FL 33330

**Current Mailing Address:**

5904 COLT DRIVE  
WEST DES MOINES, IA 50266

**New Mailing Address:**

2650 STEEPLECHASE RD  
DAVIE, FL 33330

FEI Number: 45-3322530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMOWSKI, WILLIAM  
5904 COLT DRIVE  
WEST DES MOINES, FL 50266 US

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

SOUREN, SARKAR  
2650 STEEPLECHASE RD  
DAVIE, FL 33330 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: SOUREN SARKAR

09/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: ADAMOWSKI, WILLIAM  
Address: 5904 COLT DRIVE  
City-St-Zip: WEST DES MOINES, IA 50266

Title: DIR  
Name: SARKAR, SOUREN  
Address: 2650 STEEPLECHASE RD  
City-St-Zip: DAVIE, FL 33330

Title: MGRM  
Name: NEXVAL INC  
Address: 2650 STEEPLECHASE RD  
City-St-Zip: DAVIE, FL 33330

Title: MGRM  
Name: SKI FINANCIAL  
Address: 5904 COLT DRIVE  
City-St-Zip: WEST DES MOINES, IA 50266

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: SOUREN SARKAR

DIR

09/20/2011

Electronic Signature of Signing Officer or Director

Date