2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000014566

1. *Entity Name*
LENDAMERICA, INC.

Principal Place of Business	Mailing Address
533 NORTH NOVA RD.	533 NORTH NOVA RD.
204	204
ORMOND BEACH, FL 32174 US	ORMOND BEACH, FL 32174 US

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number | Applied For
59-3229123 | Not Applicable

5. *Certificate of Status Desired*   ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

BARNEY, FRED H
533 NORTH NOVA RD.
204
ORMOND BEACH, FL 32174

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing   ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNEY, FRED H
STREET ADDRESS	533 N NOVA RD, 204
CITY-ST-ZIP	ORMOND BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/07/05-80086-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *Fred H. Barney*_____ 3-3-05   (386) 673-5878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #